



WEST VIRGINIA RACING COMMISSION

10-10-10

CERTIFICATE OF AWARD CLAIM  
1976 SENATE BILL #58

PHONE 304-558-2150  
FAX 304-558-6319

WEST VIRGINIA RACING COMMISSION  
106 DEE DRIVE  
CHARLESTON, WV 25311

DATE \_\_\_\_\_

ATTN: LINDA LACY

SOCIAL SECURITY NO \_\_\_\_\_

I \_\_\_\_\_ CLAIM THIS AWARD UNDER THE PROVISIONS  
PLEASE PRINT NAME

OF THE 1976 SENATE BILL #58 FOR \_\_\_\_\_  
PRINT NAME OF HORSE

SIRE \_\_\_\_\_ DAM \_\_\_\_\_

AS \_\_\_\_\_ FOR THE \_\_\_\_\_ RACE AT  
OWNER/BREEDER/SIRE OWNER

ON \_\_\_\_\_  
NAME OF TRACK MONTH/DAY/YEAR - (90 day eligibility)

I UNDERSTAND, HAVING SIGNED THIS AFFADAVIT, ANY FALSIFICATION OF INFORMATION  
HEREON MAY BE PUNISHABLE TO THE FULL EXTENT OF THE AUTHORITY OF THE WEST  
VIRGINIA RACING COMMISSION.

SIGNED \_\_\_\_\_

\_\_\_\_\_ ADDRESS \_\_\_\_\_  
LICENSED STABLENAME

RACING COMMISSION OFFICE USE - BELOW ONLY

Claim No \_\_\_\_\_

Residency No \_\_\_\_\_

Purse \_\_\_\_\_

Winner's Share \_\_\_\_\_

Owner Verified \_\_\_\_\_

Owner Award \_\_\_\_\_

Dam Verified \_\_\_\_\_

Dam Award \_\_\_\_\_

Sire Verified \_\_\_\_\_

Sire Award \_\_\_\_\_

Check No \_\_\_\_\_

Total Due on this Claim \_\_\_\_\_

Date \_\_\_\_\_

Voucher No \_\_\_\_\_

**NOTE: PAYMENT WILL BE MADE ON COMPLETED FORMS ONLY!!!**

# WEST VIRGINIA RACING COMMISSION

SOCIAL SECURITY # \_\_\_\_\_ OWNER-BREEDER REGISTRATION

I, \_\_\_\_\_ MAINTAIN A PERMANENT RESIDENCE  
(Print Name)

**WITHIN** THE STATE OF WEST VIRGINIA (COMPLETE ADDRESS) \_\_\_\_\_

INTEND TO REMAIN THEREIN, AND FOR THE PURPOSE OF QUALIFYING FOR THE AWARDS MENTIONED IN PART VIII, SENATE NO. 58,1976, HAVE THE PHYSICAL FACILITIES PRESENT IN THE STATE OF WEST VIRGINIA AT  
(ADDRESS) \_\_\_\_\_

TO ACTIVELY ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF OWNING, BREEDING, AND/OR SIRING OF HORSES FOR RACING PURPOSES.

I HAVE ESTABLISHED PERMANENT RESIDENCE IN THE STATE OF WEST VIRGINIA ON:

\_\_\_\_\_  
(Write out the month) (Day) (Year)

WEST VIRGINIA STATE INCOME TAX FILED PREVIOUS (TWO) YEARS

Y E S \_\_\_\_\_ NO  
(Check One)

I OWNED REAL ESTATE OR PERSONAL PROPERTY IN THIS STATE AND PAID TAXES ON SAID PROPERTY FOR (TWO) PREVIOUS YEARS.

\_\_\_\_ YES \_\_\_\_\_ NO  
(Check One)

GIVE DESCRIPTION OF PROPERTY AND A COMPLETE LOCATION OF ADDRESS \_\_\_\_\_

I UNDERSTAND THAT IN THE EVENT OF FALSIFICATION OF ANY PORTION OF THIS DOCUMENT. I WILL BE PUNISHED BY **THE WEST VIRGINIA RACING COMMISSION TO THE FULL EXTENT UNDER THE WEST VIRGINIA RULES OF RACING.**

IF, FOR ANY REASON, YOU ARE UNABLE TO PROVIDE THE ABOVE REQUESTED INFORMATION. EXPLAIN THAT REASON:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY \_\_\_\_\_ OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY