



Multi-Jurisdiction Racing License Owner's Application

OFFICE USE ONLY		New or Renewal
Date _____ / _____ / _____	License # _____	Receipt/ Tran ID # _____
F.P. _____ <small>(status)</small>	Total Fees _____	
Cash _____	Check # _____	M.O. # _____
Clerk _____	Approved by: _____	

Welcome to the RCI Multi-Jurisdiction Licensing Program!

As a racehorse or greyhound owner who may wish to participate in several different racing jurisdictions, you are eligible to apply for multi-jurisdiction license privileges through the RCI Multi-Jurisdiction Licensing Program. This form is only for those owners **who** will not be applying for **any** other type of license (*ie*, trainer, driver, etc.) If you will be applying for another type of license, please contact those jurisdictions for an application. Some racing commissions may require additional information from you. If so, you will be contacted by that commission and requested to submit addendums to this form.

Please refer to the last page of this form for instructions, list of **participating** jurisdictions and fee schedule.

Check Breed(s) Thoroughbred Standardbred Quarter Horse Greyhound Other _____

- Applicant Name _____
Last First Middle Maiden
- Have you ever used an assumed name or been known by another name or been licensed under an assumed or different name? If yes, give name(s) Yes No
- Marital status? Married _____ Single _____ Divorced _____ Widowed _____
If married, full name of spouse, including maiden name: _____
- Last licensed in: _____
Year Type of License Name of State
- List latest dates fingerprinted and what states printed you: _____
Month & Year(s) Printed In what State(s)
- Telephone numbers: () () ()
Home # Business # Fax #
- Person to be notified in case of emergency: _____ Telephone: ()

8. Social Security No.*	Sex	Height	Weight	Color Hair	Color Eyes	Date of Birth	Age
<small>Social Insurance No. (Canadians)</small>						/ /	

Providing Social Security Number may be voluntary and will be used as a secondary identifier, however, some jurisdictions do mandate YOU provide it *Mo Day Year*

- Are you a U.S. Citizen? Yes No If no, what country are you a citizen of? _____
Place of Birth _____ City/State Immigration I.D. number (if applicable) A- _____
- USTA/SC Membership Number _____ (if applicable) USTA/SC Membership Exp. Date: _____
- Permanent mailing address: _____
(at which service all papers may be made upon you) *Street*

City State/Province Postal Zip/Country
- Local address: _____
Street

City State/Province Postal Zip/Country

13. Give the following information relative to your current employer. If self-employed, so indicate:

Employment Dates Name of Employer Address (*Street, City, State, Zip*)

14. List your occupation here: _____ If self-employed, list type of business: _____

Questions 15 - 18 MUST be answered "yes" or "no". Give details in space provided.

15.

a. Has your license (or your spouse's license) ever been denied suspended or revoked or is a complaint pending in any racing jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Have you ever been fined \$100 or more or discharged, expelled or ejected from any race track by any racing official, or commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Have you ever had any permit or license denied suspended or revoked by any federal, state or local government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	State	Track	Specific Violation(s)

a. Have you (or your spouse) ever (a) pleaded guilty , pleaded nolo contendere, been found guilty or been convicted or (b) forfeited bail or been fined for any criminal offense, either felony or misdemeanor including driving under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Are there now any indictments or complaints pending against you (or your spouse) for any public offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Are you (or your spouse) currently on parole or probation ? If yes, probation ends: _____ (please indicate month, day and year)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence

17. Are there any outstanding court-imposed civil judgements against you? If so, attach an explanation. Yes No

18 a. Are you under an obligation to pay child support in any jurisdiction?..... Yes No

b. If yes, are you four (4) months or more in arrears?..... Yes No

19. If you will be appointing an Authorized Agent, please list agent's name here: _____

20. Number of horses or greyhounds in training? _____

21. Statement of Ownership (including questions 22 & 23)

List only horses or greyhounds that you plan to race this year owned wholly or in part by you or leased to you. If leased, or in partnership, so designate.

Horse/Greyhound Name	Age	Trainer's Full Name	Ownership Name on Registration Papers	% Owned	Breed (T/S/Q/G)

If additional space is needed in relation to any of the questions above, please use a separate sheet of paper and submit it with this form.

