

APPLICATION FOR RENEWAL OR REPLACEMENT LICENSE

Please Print in Ink or Type

No:
DATE:
ISSUED AT:

Last Name First Name Middle Name

(Business Address is Public) No. or Box Street City State Zip

() Business Phone

Name of Spouse (Husband/Wife/
State-Registered Domestic Partner)

CHRB Lic. No. Number Exp. Yr.

TB QH HH Arabian Mule

Type of license applied for

LICENSE FEE

\$250

Open Claim Cert./License.

\$200

Off., Dir., Partner, 5% Stock Holder of Rac. Assn., Simulcast Srv. Supplier, Totalizator Company

\$150

Horse Owner, Trainer, Asst. Trainer, Jocke App. Jockey, Driver, Jockey Agt. Bldstk Agt Veterinarian, Official, Manager, Racing Officials, Steward.

\$75

PM Employees, Valet, Asst. to Official, Ass Gen. Mgr. Pony Rider, Vendor, Vendor Err Exercise Rider, Horse shoer, Stable Agt., Foreman, Clerical, Security, Misc. Classes.

\$20

Groom, Stbl. Emp., Stbl. Asst.

\$15

Duplicate - Replacement License

INFORMATION PROVIDED ABOVE IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT (Government Code Section 6250 et seq.)

1. Have you been convicted of ANY criminal offense within the past 36 months? YES NO

Include offenses to which you pled nolo contendere or which were dismissed per Sec. 1203.4 P.C. Exclude offenses in settled Juvenile Court or under the Youth Offenders Law, sealed per Sec. 781 W.I.C., specified in Sec. 11361.5 H&S, or traffic offenses where the fine was \$300 or less.

2. Are you presently licensed to participate in racing by any other Racing Commission? YES NO

If so, give State(s): _____

3. Has any of your license(s) to participate in racing EVER been revoked or suspended for more than 10 days? YES NO

4. Are you presently employed by a Racing Association or Trainer? YES NO

If so, give name: _____

5. E-mail address: _____

I hereby make application for license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I certify under penalty of perjury that the statements and answers I have made in the application are true and correct.

EXIST F/P CODE _____
EXIST SPECIAL CODE _____
REVIEWED BY _____

Signature

Date of Application

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INFORMATION LISTED BELOW WILL BE KEPT CONFIDENTIAL

Mailing Address City State Zip

Phone: _____ Soc. Sec. (or FIN): _____ Driver's License #: _____ State: _____

The Social Security Number will be used to identify personal records which may be required during the background investigation. (Authority: Business and Professions Code Section 19440, Public Law 93-579, Section 7.)