

**State of California  
Office of Administrative Law**

In re:  
California Horse Racing Board

Regulatory Action:

Title 04, California Code of Regulations

Amend sections: 1497, 1548

NOTICE OF APPROVAL OF REGULATORY  
ACTION

Government Code Section 11349.3

OAL Matter Number: 2025-0509-02

OAL Matter Type: Regular Resubmittal (SR)

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In this action, the California Horse Racing Board proposes to amend the information designated as confidential to be consistent with the Information Practices Act.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2025.

Date: June 23, 2025.



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Ashita Mohandas  
Attorney

For: Kenneth J. Pogue  
Director

Original: Scott Chaney, Executive  
Director

Copy: Rick Pimentel

RESUBMITTAL

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2024-1015-01</b>	REGULATORY ACTION NUMBER <b>2025-0509-02</b>	EMERGENCY NUMBER <b>SF</b>
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Horse Racing Board		AGENCY FILE NUMBER (If any)	

OFFICE OF ADMIN. LAW  
2025 MAY 9 AM 10:17ENDORSED - FILED  
in the office of the Secretary of State  
of the State of CaliforniaJUN 23 2025  
3:10 PM  

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2024, 43-2</b>	PUBLICATION DATE <b>10/25/24</b>

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Confidentiality of Information		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2024-1223-02S	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 4		AMEND 1497, 1548	
		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> File & Print <input type="checkbox"/> Print Only			
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Other (Specify)			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) April 21, 2025, through May 6, 2025			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)			
7. CONTACT PERSON Rick Pimentel		TELEPHONE NUMBER (916) 274-6043	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) repimentel@chr.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE S. Shinn Digitally signed by S. Shinn Date: 2025.05.08 20:33:42 -0700	DATE May 8, 2025
TYPED NAME AND TITLE OF SIGNATORY Sandra Shinn, Chief of Licensing	

For use by Office of Administrative Law (OAL) only

JUN 23 2025  
Office of Administrative Law

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 4. OCCUPATIONAL LICENSES  
AMENDMENT OF RULE 1497, CONFIDENTIALITY OF APPLICATIONS

~~(a) Except as set forth in Subsection (b) of this rule, all information contained on an application for license filed with the Board and all subsidiary information required by the Board in conjunction with such application, may be disclosed to the public.~~

(a) No information contained in the Application for License, CHRB-4 (Rev. 08/24), which is hereby incorporated by reference, or subsidiary information required in conjunction with said application, shall be considered confidential unless:

~~(b) The following information when contained on an application for license, or when required by the Board as subsidiary information in conjunction with such application, is confidential and shall not be disclosed to the public except in compliance with an order of the Board or any legal order of any court or other agency having jurisdiction of the enforcement of any state or federal laws.~~

~~(1) Personal addresses, personal residences and personal telephone numbers.~~

~~(21) The information includes Personalpersonal identification numbers such as social security numbers, federal identification numbers, driver's license numbers, and bank account numbers.;~~

~~(32) The information includes Statementsstatements of personal worth and personal financial data used to establish the applicant's personal qualifications for license.;~~

~~(43) The information relates to Informationregarding minor children.;~~ or

(4) The information has been designated on the Application for License, CHRB-4 (Rev. 08/24), as confidential.

Authority: Sections 19440 and 19460,  
Business and Professions Code.

Reference: Sections 19435, 19440, 19460 and 19466,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 5. RACING OFFICIALS  
AMENDMENT OF RULE 1548, RULINGS BY THE STEWARDS

(a) Any ruling or order issued by the stewards shall specify:

(1) the full name of the licensee or person subject to the ruling or order;

(2) ~~his~~ the date of birth of the licensee or person subject to the ruling or order and social security number, if known;

(3) ~~a statement of the offense charged including any rule number~~, the rule or regulation violated; and

(4) the penalty imposed.

(b) Any person affected by any ruling or order shall be notified.

Authority: Sections 19420 and 19440,  
Business and Professions Code.

Reference: Sections 19420 and 19440,  
Business and Professions Code.

STATE OF CALIFORNIA | CALIFORNIA HORSE RACING BOARD

## APPLICATION FOR LICENSE

CHRB-4 (Rev. 08/24)

ADOPT

## CHRB USE ONLY:

LIC #: \_\_\_\_\_

DATE: \_\_\_\_\_

CODE/CLASS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

In order to obtain a CHRB license, applicants must complete a CHRB-4 and submit with the required fees. All applicants are required to complete Sections A and B in their entirety. Applicants for a trainer's license shall also complete Section C. Applicants for a Stable Name shall also complete Section D and applicants for an owner's license shall also complete Section E.

- ☐ New Applicant  
☐ Renewal  
☐ Replacement (Section A only)

## SECTION A: General Information

Information contained in Section A is considered "public record" and may be disclosed pursuant to a Public Records Act Request. An Address of Record is required and is the primary means of correspondence between the licensee and the CHRB.

If a Post Office Box or mail service box is utilized, a personal/physical address shall be listed at the bottom of this page and will remain confidential.

Last Name _____		First Name _____		Middle Name _____	
Street # or PO Box _____	Street _____	City _____	State _____	Zip _____	
Email _____	Phone _____	Name of Spouse (Husband/Wife/Domestic Partnership) _____		HISA ID # _____	
Type of License applying for: _____					
<input type="checkbox"/> TB <input type="checkbox"/> QH <input type="checkbox"/> SB <input type="checkbox"/> ARABIAN <input type="checkbox"/> MULE <input type="checkbox"/> OTHER					
Have you <b>EVER</b> been licensed by the CHRB before? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, provide most recent CHRB License #: _____   Expiration: _____					

NEW Applicants Only:

Date of Birth _____	Height _____	Weight _____	Eye Color _____	Hair Color _____	Place of Birth (City & State or Country) _____
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## SECTION B: Background Information

- NEW APPLICANTS:** Have you **EVER** been convicted of any criminal offense? Below, list all convictions and pending cases, including offenses to which you pled nolo contendere, or which were dismissed per Penal Code Section 1203.4. Exclude offenses settled in Juvenile Court or under the Youth Offenders Law, sealed per Welfare & Institutions Code Section 781, specified in Health & Safety Code Section 11361.5, or traffic offenses where the fine was \$300 or less (Attach additional pages if necessary). ☐ YES   ☐ NO
- RENEWAL APPLICANTS:** Have you been convicted of any criminal offenses in the past 36 months, or do you have any criminal cases pending? If yes, list below (Attach additional pages if necessary). ☐ YES   ☐ NO

Date	Location (City & State)	Offense	Sentence
- Are you presently licensed by any other Racing Commission? If yes, list all State(s): \_\_\_\_\_ ☐ YES   ☐ NO
- Is your license currently suspended, or are you under investigation in any other racing jurisdiction? ☐ YES   ☐ NO
- Has your license(s) to participate in racing **EVER** been revoked or suspended for more than 5 days? ☐ YES   ☐ NO
- Have you **EVER** used another name in obtaining a license from any Racing Commission? ☐ YES   ☐ NO
- Are you presently employed by a Racing Association or Trainer? If yes, list name(s): \_\_\_\_\_ ☐ YES   ☐ NO

INFORMATION PROVIDED ON THIS PAGE, ABOVE THIS POINT, IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT  
 INFORMATION LISTED BELOW, ON THIS PAGE ONLY, WILL BE KEPT CONFIDENTIAL

Personal/Physical Address (Required if P.O. Box or mail service box is listed above):

Street # or PO Box _____	Street _____	City _____	State _____	Zip _____
Phone _____	SSN (or EIN) _____	Driver's License # _____	Expiration _____	State _____

Pursuant to Business and Professions Code Section 19440, Public Law 93-579, Section 7, Social Security Number may be used to identify personal records during background investigation.

I hereby make application for a license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I acknowledge that by providing my electronic signature for this application, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this application, and my intent to be bound by it. I certify under penalty of perjury that the statements and answers I have made on this application are true and correct.

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

**SECTION C: Trainer's License Applicants Only**

- Do you hold any license issued by the California Horse Racing Board, other than that of a Trainer?  
If yes, provide type(s) of license and the license(s) number: \_\_\_\_\_ ☐ YES ☐ NO
- Do you hold, or have you ever held, a license as a Trainer in any other State?  
If yes, list State(s): \_\_\_\_\_ ☐ YES ☐ NO
- Do you conduct business as a "Public Trainer"? ☐ YES ☐ NO
- Do you have a current workers' compensation insurance policy?  
Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ ☐ YES ☐ NO
- Do you have, or have you ever had, any racing-related financial obligations past due or unpaid more than 90 days?  
*Racing-related obligations include, but are not limited to, veterinary services, feed bills, jockey mount fees, nomination and entry fees, racing employee wages, etc.* ☐ YES ☐ NO
- Do you meet the qualifications required outlined in CHRB Rule 1503 and/or the continuing education requirements outlined in CHRB Rule 1503.5? ☐ YES ☐ NO

**SECTION D: Stable Name Applicants Only**

- The name to be registered for racing operations of the stable is: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Tax ID# (EIN): \_\_\_\_\_
- The individual responsible for the conduct of this stable is: \_\_\_\_\_ CHRB License #: \_\_\_\_\_
- The stable business is organized as: ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Corporation
- Have you registered this Stable Name with any other State Racing Commission?  
If yes, list State(s): \_\_\_\_\_ ☐ YES ☐ NO
- Have you filed and registered your Stable Name as a Fictitious Business Name (FBN), if required by state law? ☐ N/A ☐ YES ☐ NO
- Do you intend to register an Authorized Agent to withdraw monies from your horsemen's account? (For Authorized Agent, CHRB-10 is required) ☐ YES ☐ NO
- List the name(s), address and ownership percentage for ALL individuals who have a financial interest in this Stable:  
(Attach additional pages or a separate listing if necessary)

%	Name	CHRB License #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION E: Owner's License Applicants Only**

- I intend to race as a(n): ☐ Individual ☐ General Partner ☐ Other \_\_\_\_\_
- Do you intend to use a Stable Name? List Stable Name: \_\_\_\_\_ ☐ YES ☐ NO
- Do you have, or have you ever had, any racing-related financial obligations past due or unpaid more than 90 days?  
*Racing-related obligations include, but are not limited to, veterinary services, feed bills, jockey mount fees, nomination and entry fees, racing employee wages, amounts owed to a trainer, and workers' compensation insurance premiums (including reimbursements of those premiums that are billed to you by your trainer).* ☐ YES ☐ NO
- Do you intend to register an Authorized Agent to withdraw monies from your horsemen's account?  
If yes, list the name of your Authorized Agent \_\_\_\_\_ (For Authorized Agent, CHRB-10 is required) ☐ YES ☐ NO
- List the name of the licensed Trainer caring for your horse(s). \_\_\_\_\_ CHRB License #: \_\_\_\_\_  
*Note: An owner's license may not be issued unless the owner satisfies the workers' compensation insurance requirements of Business and Professions Code Section 19440 and CHRB Rule 1501. An owner can satisfy these requirements by making appropriate arrangements (including payment arrangements) with their trainer. If an owner fails to make appropriate arrangements with their trainer, then that owner must obtain his or her own workers' compensation insurance coverage.*
- Do you intend to: ☐ utilize a "Public Trainer" (choose A or B below) or ☐ operate as a "Private Stable" (choose B below)  
*Workers' compensation requirements of Business and Professions Code Section 19440 and CHRB Rule 1501 are met by: (choose one)*  
A: ☐ My Public Trainer's workers' compensation insurance policy.  
B: ☐ My own policy: Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_
- For all horses you intend to race, list the name(s) of the horses and your ownership interest. (Attach additional pages or a separate listing if necessary)  
A: \_\_\_\_\_ % B: \_\_\_\_\_ %
- List the name(s) of ALL "persons" who have a joint financial interest in the ownership of any listed horses.  
*Note the corresponding letter from #7, name of other owner, and their ownership percentage. ("Person" includes any real person or business entity)*  
\_\_\_\_\_: \_\_\_\_\_ % \_\_\_\_\_: \_\_\_\_\_ %  
\_\_\_\_\_: \_\_\_\_\_ % \_\_\_\_\_: \_\_\_\_\_ %

I hereby make application for a license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I acknowledge that by providing my electronic signature for this application, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this application, and my intent to be bound by it. I certify under penalty of perjury that the statements and answers I have made on this application are true and correct.

Applicant Signature

Date of Application