



HARNESS RACING OWNER / TRAINER / DRIVER LICENSE RENEWAL FORM

-----OFFICE USE ONLY-----

Date: _____ License Year: _____

License No.: _____

Cash: _____ / Check No.: _____

Credit Card Amount: _____

Total Fees Received: _____

Reviewer: _____

New Renewal Complete

IMPORTANT

Please print or type the answers to the following questions in the space provided. Should you require additional space attach a sheet labeled with the corresponding question number. Failure to answer any questions on this application completely and truthfully may result in the denial of your license application. Applications will not be processed unless fully completed.

TYPE OF MASS. OCCUPATIONAL RACING LICENSE HELD IN THE LAST 3 YEARS: _____ Year _____ License No. _____

TYPE OF APPLICATION

1. Check (✓) the appropriate box or boxes to designate the purpose of this application. Attach your payment to the front of your application when it is completed.

The applicant is eligible for a license up to three consecutive years. Select the appropriate box or boxes for the number of years desired and submit with this application.

- | | | | |
|---|--|---|---|
| A. <input type="checkbox"/> Owner License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| B. <input type="checkbox"/> Trainer License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| C. <input type="checkbox"/> Driver License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| D. <input type="checkbox"/> Owner- Trainer License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| E. <input type="checkbox"/> Owner- Driver License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| F. <input type="checkbox"/> Trainer- Driver License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| G. <input type="checkbox"/> Owner- Trainer - Driver License | <input type="checkbox"/> 1 year fee (\$90) | <input type="checkbox"/> 2 year fee (\$180) | <input type="checkbox"/> 3 year fee (\$270) |
| H. <input type="checkbox"/> Badge | <input type="checkbox"/> 1 year fee (\$10) | <input type="checkbox"/> 2 year fee (\$20) | <input type="checkbox"/> 3 year fee (\$30) |

Badges must be worn in plain view on outer clothing in all restricted areas at all times.

- | | | | |
|------------------------|--------------------------------------|--|---|
| I. Trainer Only | <input type="checkbox"/> General (G) | <input type="checkbox"/> Limited (L) | <input type="checkbox"/> Conditional (CD) |
| J. Driver Only | <input type="checkbox"/> Full (F) | <input type="checkbox"/> Provisional (P) | <input type="checkbox"/> Conditional (C) |
| | | <input type="checkbox"/> Conditional (C) | <input type="checkbox"/> Qualifying (QU) |

NAME AND ADDRESS

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: NUMBER AND STREET APT# CITY STATE ZIP CODE

HOME MAILING ADDRESS IF DIFFERENT: NUMBER AND STREET APT# CITY STATE ZIP CODE

HOME TELEPHONE NUMBER CELL TELEPHONE NUMBER WORK TELEPHONE NUMBER E-MAIL ADDRESS

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO LIST ALL ADDITIONAL NAMES INCLUDING MAIDEN NAME, ALIASES, OR NICKNAMES AND DATE OF NAME CHANGE.

NOTICE TO APPLICANT: You must have the ability to pay bills incurred within the Commonwealth of Massachusetts for the care and maintenance of horses owned by you as required by 205 CMR 3.10(7).

DESCRIPTIVE INFORMATION

SOCIAL SECURITY NUMBER: -

DATE OF BIRTH: - -
MONTH DAY YEAR

IMMIGRATION ID NUMBER (if applicable)

DRIVER LICENSE / STATE IDENTIFICATION NUMBER STATE

FT. IN. LBS. HAIR EYES
HEIGHT WEIGHT HAIR EYES

SEX: M F
RACE

2. Place of Birth: _____
CITY/TOWN STATE/ PROVINCE COUNTRY (OTHER THAN U.S.)

3. Are you a citizen of the United States? Yes No If no, Country of which you are a citizen: _____

4. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment.

USCIS "A" number:

5. Do you have the ability to pay bills incurred within the Commonwealth of Massachusetts in the care and maintenance of horses owned by you as required by 205 CMR 4.12(5): Yes No

6. Please provide your current U.S.T.A. License Number:

7. If you are an Owner provide the name(s) of your Trainer(s) : N/A

1. _____	2. _____	3. _____
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7.**

8. Provide the place where your horses are stabled:

1. _____	2. _____	3. _____
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8.**

9. Do you race under a stable name: Yes No Name of Stable _____

NOTICE TO APPLICANT: If you answered "YES" to the above question "Do you race under a Stable Name" you will need to complete the Stable Name Registration Form.

10. Provide the information below that makes you eligible for licensing: Provide a list of horses owned, solely or in part by you and all persons holding any interest, which will be entered to race.

NAME OF HORSE: _____ AGE: _____ SEX: _____ DATE OF LAST START: _____ TRACK: _____

Name of Owner	Street Address	City	State	Zip Code	% of Shares
					%
					%
					%
					%
					%

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 10.**

NOTICE TO TRAINER: All employers are required by the Commonwealth of Massachusetts to carry Workman's Compensation Insurance on their employees per the Workers' Compensation Act, M.G.L. c.152

Name of Company: _____ Policy Number: _____ Expiration Date: _____

Initials/Date: _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Have any of the following matters occurred since your last license application (in the past 3 years):

12. Have you been arrested, charged and/or convicted of any crime or offense in any jurisdiction (including Massachusetts)?

Yes No

13. A. Are you presently on parole or probation?

Yes No

B. Have you had any permit or license of any type whatsoever denied, suspended, or revoked by any Federal, State, or City Agency?

Yes No

If you answered "yes" to any of these questions, provide full details (date, matter, location) in the space below. Label your answer with the corresponding question number. If there isn't enough space use a supplemental page.

LICENSING HISTORY

14. Do you have a license from any other state? Yes No

STATE _____ TYPE OF LICENSE _____	STATE _____ TYPE OF LICENSE _____	STATE _____ TYPE OF LICENSE _____
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15. Are you now or ever have been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participation in racing by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?

Yes No

16. Have you been assessed a fine of \$500 or greater by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?

Yes No

If you answered "yes" to any of these questions, provide full details (date, matter, location) in the space below. Label your answer with the corresponding question number. If there isn't enough space use a supplemental page.

Initials/Date: _____

READ THE FOLLOWING STATEMENTS AND SIGN BELOW

SIGNATURE SECTION

STATEMENT OF TRUTH and CONSENT

I hereby state under the pains and penalties of perjury that:

1. The information contained herein and accompanies this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.
6. I hereby consent to fingerprinting, photographing and the supplying of handwriting exemplars as authorized by 205 CMR 134.07.

I understand if I have questions regarding this form, I should ask an employee of the Commission's Division of Licensing.

NOTICE TO APPLICANT:

The Bureau or Commission may decline to issue, deny suspend or revoke a license or registration if the individual has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application under M.G.L. c. 268, sec. 9A and 205 CMR 3.00, that contains false or misleading information; or committed prior acts which form a pattern of misconduct that makes the applicant unsuitable. In determining whether an applicant is suitable, the Bureau or Commission will evaluate and consider the overall reputation of the applicant including, without limitation, the individual's integrity, honesty, good character and reputation, and whether the applicant has been convicted of a crime of moral turpitude.

SIGN UNDER THE PAINS AND PENALTIES OF PERJURY

License applied for Expires December 31st year of Issuance

 Print Name of Applicant

 Signature of Applicant

 Date of Signature

RELEASE AUTHORIZATION - INDIVIDUAL

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

I, _____, authorize the Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.
 (Print Name)

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the duration of the license.

A photocopy of this authorization will be considered as effective and valid as the original.

 (Signature of Applicant)

 (Type, Stamp or Print Name)

 (Date)

Approved **Denied**

Signature of Steward / Judge Date

Print Name of Steward / Judge

Approved **Denied**

Mass. State Police
Reviewing Officer: _____

Date: _____

Approved **Denied**

Signature of Steward / Judge Date

Print Name of Steward / Judge

Approved **Denied**

Signature of Steward / Judge Date

Print Name of Steward / Judge

Comments: