



# THOROUGHBRED RACING AUTHORIZED AGENT LICENSE FORM

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

Date: \_\_\_\_\_ License Year: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Cash: \_\_\_\_\_ / Check No.: \_\_\_\_\_  
 Credit Card Amount: \_\_\_\_\_  
 Total Fees Received: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_  
 New     Renewal     Complete

Name of Applicant: \_\_\_\_\_

## ← IMPORTANT →

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED  
 FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY  
 MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION

### 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.  Authorized Agent License       1 year fee (\$30)       2 year fee (\$60)       3 year fee (\$90)
- B.  Badge       1 year fee (\$10)       2 year fee (\$20)       3 year fee (\$30)

**NOTICE TO APPLICANT:** If an agent represents more than one owner, a separate license application must be filed for each owner and the fee paid for each.

### NAME AND ADDRESS

NAME: LAST - INCLUDE SR., JR., ETC., IF APPLICABLE			FIRST	MIDDLE
MAILING ADDRESS: NUMBER AND STREET		APT#	CITY	STATE      ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS		APT#	CITY	STATE      ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

### DESCRIPTIVE INFORMATION

DATE OF BIRTH:   -   -      
 (M M)      (D D)      (YYYY)      HEIGHT:  FT     IN    WEIGHT:  LBS

SOCIAL SECURITY NUMBER:

IMMIGRATION ID NUMBER (if applicable)

DRIVER LICENSE / STATE IDENTIFICATION NUMBER      STATE

Initials/Date: \_\_\_\_\_



6. Beginning with your current residence and working backwards provide the following information with respect to each place where you have lived during the past five years.

DATES		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM (MO\YR)	TO (MO\YR)		

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6.**

**BUSINESS DESCRIPTION**

**NOTICE TO APPLICANT:** If an agent represents more than one owner, a separate license application must be filed for each owner and the fee paid for each.

7. Provide the name of the owner your are the agent for: N/A

Name of Owner	Address	License Number

8. Provide the name of your last employer: N/A

Last Employer Name	From	To

**NOTICE TO APPLICANT:** An "Authorized Agent" Form TR-1A must be completed in duplicate as required by the commission and accompany with this application.

Initials/Date: \_\_\_\_\_

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

**DEFINITIONS:** For purposes of this question:

- A. **Arrest** means being taken into custody by any police or other law enforcement authority.
- B. **Charge** includes any indictment, complaint, information or other notice of the alleged commission of any "offense."
- C. **Conviction** includes the finding of guilty of any "offense" upon a trial or a plea of guilty. An adjudication of delinquency shall not be considered a conviction. Such a finding may, however, be considered for purposes of determining the suitability of an applicant.
- D. **Crime or Offense** includes all felonies and misdemeanors.
- E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending.

**INSTRUCTIONS:**

- A. Please note, this is not an application for employment. Accordingly, you must answer all questions completely and may not omit information. Answer "yes" and provide all information to the best of your ability **EVEN IF:**
  - 1. You did not commit the offense charged;
  - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
  - 3. You completed a diversionary program or the equivalent thereof;
  - 4. You were not convicted;
  - 5. You did not serve any time in prison or jail;
  - 6. The charges or offenses happened a long time ago.
- B. Answer "no" **IF:**
  - 1. You have never been arrested or charged with any crime or offense.
  - 2. Records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

9. **Have you ever been arrested, charged and/or convicted of any crime or offense in any jurisdiction (including Massachusetts)?** Yes  No  If you checked yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 9.**

10. A. **Are you presently on parole or probation?** Yes  No

B. **Have you ever had any permit or license of any type whatsoever denied, suspended, or revoked by any Federal, State, or City Agency?** Yes  No  If you checked yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

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

Initials/Date: \_\_\_\_\_

## LICENSING HISTORY

**11. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?**

Yes  No  If you checked yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11.**

**12. Do you have, or have you ever had a license from any other state?**

Yes  No  If you checked yes, complete the following chart:

NAME STATE	TYPE OF LICENSE	YEAR(S)

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

**13. 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  If you checked yes, complete the following chart:

DATE	STATE	TRACK	SPECIFIC VIOLATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 13.**

**14. Have you ever 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 checked yes, complete the following chart:

DATE	STATE	TRACK	SPECIFIC VIOLATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 14.**

Initials/Date: \_\_\_\_\_

**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.

**License applied for Expires December 31<sup>st</sup> year of Issuance**

I hereby employ the above named applicant as of the date of this application. To the best of my knowledge, the applicant is legally in the United States and has complied with the Immigration Reform Act and Control Act of 1986 by completing a Form 1-9, I acknowledge the workmen's compensation insurance requirements established by the Worker's Compensation Act, M.G.L. c. 1542 as they appear I the "Notice to Trainer's" section of my current Massachusetts Thoroughbred trainer license application

**SIGN UNDER THE PAINS AND PENALTIES OF PERJURY**

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Signature of Applicant

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Print Name of Applicant

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Date of Signature

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# AUTHORIZED AGENT FORM (TR-1A)

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

Date: \_\_\_\_\_ License Year: \_\_\_\_\_

License No.: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I have appointed \_\_\_\_\_  
(Print Name of Individual)

Whose address is, \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

As my agent to act for me during the year 20\_\_\_\_ in all matters pertaining to racing of horses, other than the collection of purses and moneys due me, under the Rules of Racing as adopted by the Racing Division of the Massachusetts Gaming Commission.

I further authorize \_\_\_\_\_ to collect all purses and other Money due me from the association racing under the jurisdiction of the Racing Division of the Massachusetts Gaming Commission for the year 20\_\_\_\_ with authority to endorse checks payable to me.

Authorized Signature: \_\_\_\_\_

Print Authorized Name: \_\_\_\_\_

Print Legal Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public,  
personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Signature of Notary)

NOTARY STAMP

**NOTICE TO APPLICANT:** If an agent represents more than one owner, a separate license application must be filed for each owner and the fee paid for each.

**IF THIS FORM IS ACCOMPANIED BY A POWER OF ATTORNEY FROM THE OWNER, THIS FORM WILL NOT NEED NOT BE SWORN TO.**  
**THIS FORM MUST BE COMPLETED IN DUPLICATE:**  
**ATTACH ONE SIGNED ORIGINAL TO THE AUTHORIZED AGENT FORM AND GIVE A COPY OF THE SIGNED FORM TO THE HORSEMEN'S BOOKKEEPER.**

**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  
(Print Name)

Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

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)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_ (name of document signer), proved to me through satisfactory

evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding

or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Signature of Notary)

(Notary Stamp)



**STATEMENT OF TRUTH and CONSENT**

I, \_\_\_\_\_, hereby state under the pains and penalties of perjury that:  
(Print Name)

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  
(Print Name)  
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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type, Stamp or Print Name)

\_\_\_\_\_  
(Date)

**Approved**                   **Denied**

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Signature of Steward / Judge                  Date

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Print Name of Steward / Judge

**Approved**                   **Denied**

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Mass. State Police  
Reviewing Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved**                   **Denied**

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Signature of Steward / Judge                  Date

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Print Name of Steward / Judge

**Approved**                   **Denied**

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Signature of Steward / Judge                  Date

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Print Name of Steward / Judge

**Comments:**