

THOROUGHBRED RACING

	OFFICE USE ONLY
Date:	License Year:
License No	:
•	Check No.:
Credit Card	Amount:
Total Fees	Received:
Reviewer: _	
Comp.	ete

MASSGAMING **** COMMISSION	SE <u>RENEWAL</u> FOR	RM.	License No.:			
Please print or type the answers to the following of require additional space attach a sheet labeled with Failure to answer any questions on this application denial of your license application. Applications with the statement of the statement o	on number. ay result in the	Credit Card Amount: Total Fees Received: Reviewer: Complete				
TYPE OF MASS. OCCUPATIONAL RACIN LICENSE HELD IN THE LAST 3 YEARS:	IG	Year	License No			
	TYPE OF APP	LICATION				
	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. Make check payable to Commonwealth of Massachusetts.					
The applicant is eligible for a license up to the submit with this application.	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.					
Badges must be we	orn in plain view on oute	er clothing in all res	stricted areas at all times.			
☐ Jockey License	☐ 1 year fee (\$60)	☐ 2 year fee (\$12	20)			
☐ Apprentice Jockey License	☐ 1 year fee (\$60)	☐ 2 year fee (\$1	20)			
☐ Badge	☐ 1 year fee (\$10)	☐ 2 year fee (\$20	0)			
	NAME AND A	ADDRESS				
NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICA	ABLE) FIRST		MIDDLE			
ADDRESS: NUMBER AND STREET	APT# CITY		STATE ZIP CODE			
HOME TELEPHONE NUMBER CELL TEL	LEPHONE NUMBER	WORK TELEPHONE N	NUMBER E-MAIL ADDRESS			
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME NICKNAMES AND DATE OF NAME CHANGE.	ME OR NAMES? YES □ NO	LIST ALL ADDITIO	ONAL NAMES INCLUDING MAIDEN NAME, ALIASES, OR			
	DESCRIPTIVE IN	IFORMATION				
SOCIAL SECURITY NUMBER:		DATE OF BIRTI	H: MONTH DAY YEAR			
IMMIGRATION ID	NUMBER (if applicable)	DRIVER LICEN	ISE / STATE IDENTIFICATION NUMBER STATE			
FT. IN. LBS. HEIGHT WEIGHT	HAIR EYES	SEX: M	RACE			

2.	Place of Birth:	l	:	STATE/ PROVINCE	COUNTRY (OTHER TH	AN U.S.)
3.	Are you a citizen of the Unite	ed 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:					
			BUS	INESS DESCR	IPTION	
J	OCKEY AND APPRENTICE					
5.	In the chart below, provide the	ne followin	g informat	ion:		
		MONTH	DAY	YEAR	NAME OF TRACK	
	LAST DATE YOU RODE					
	NAME OF HORSE					
	NAME OF TRAINER					
Α	PPRENTICE ONLY					
6.	Provide the Date and Place of	of your first	t and fifth v	winning mount.	Not Applicable □	
		MONTH	DAY	YEAR	NAME OF TRACK	
	1 st WINNING MOUNT					
	5 th WINNING MOUNT					
				1		
					Initials/Date	
					male, bate.	

		CIVIL, C	RIMINAL AND	INVESTIGATORY	PROCEEDINGS	
	Have any	y of the following n	natters occurred	I since your last licen	se application (in	the past 3 years):
7. Ha	ve you been ar	rested, charged an	d/or convicted of	of any crime or offens	se in any jurisdicti	on (including Massachusetts)?
	Yes □	No □				
Α.	Are you pres	ently on parole or p	probation?			
	Yes □	No □				
	Have week bad					dead her any Fadanal Otata an
В.	City Agency?	any permit or licei	ise of any type	wnatsoever denied, s	suspended, or revo	oked by any Federal, State, or
	Yes □	No □				
						ce below. Label your answer with
the corr	esponding ques	tion number. If there	isn't enough spa	ice use a supplementa	l page.	
			LICE	NSING HISTORY		
8. D	o you have a lic	ense from any other	er state? Yes L	□ No □		
STATE	TYPE OF LIC	ENSE	STATE T	YPE OF LICENSE	STATE	TYPE OF LICENSE
			J			
9. Aı	re you now or e	ver have been four	nd ineligible for	licensure, denied a li	cense, had a licen	se revoked or suspended, or
				participation in racing e U.S. or elsewhere?		ganization, association,
	Yes □	No □				
40 11	b	d - fine of C	500 ou avectou b		-41	a a mania a i a mana
		ssessed a fine of \$5 uthority in the U.S.		y any racing organiza	ation, association,	commission or other
	Yes □	No □				
If you a	nswered "yes" to	any of these quest	ions, provide full	details (date, matter, l	location) in the spa	ce below. Label your answer with
				ice use à supplementa		,
					1	nitials/Date:
Form No.	TR-2R: Thoroughbre	d Jockey Renewal Licens	e 03-24-2017			Page 3

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 31 st year of Issuance					
	X				
Print Name of Applicant	Signature of Applicant	Date of Signature			
RELEASE AUTHORIZATION - INDIVIDUAL					
RELLAG	L ACTIONIZATION - 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").					
l,	I,, authorize the Massachusetts Gaming Commission (Commission) and				
(Print Name) 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 s A photocopy of this author	signature and, once issued, for the duration ization will be considered as effective and vali				
Χ					
(Signature of Applicant)					
(Type, Stamp or Print Name)					

(Date)

	APPROVAL PAGE
☐ Approved ☐ Denied	☐ Approved ☐ Denied
Signature of Steward / Judge Date Print Name of Steward / Judge	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:	