

HARNESS RACING GROOM

OFFICE USE ONLY						
Date: License Year:						
License No.:						
Cash: / Check No.:						
Credit Card Amount:						
Total Fees Received:						
Reviewer:						
☐ New ☐ Renewal ☐ Complete						

*****	LICENSE FORM		Cooks	/ Check No.:
MM 1531				nount:
				eived:
			Reviewer:	
			New	
Name of Applicant:			□ New	Renewal Complete
• •				
	→ IMPOR			
	TYPE THE ANSWERS TO THE FO			
FAILURE TO AN	SWER ANY QUESTION ON THIS A MAY RESULT IN THE DENIAL OF			THFOLLY
	TYPE OF API	PLICATION		
1. Check $()$ the appropriate box or box completed. Make check payable to	ces to designate the purpose of this a Commonwealth of Massachusetts	application. Attach y	our payment to the f	front of your application when it is
The applicant is eligible for a license submit with this application.	up to three consecutive years. Sele	ect the appropriate b	ox or boxes for the n	number of years desired and
Badges mus	st be worn in plain view on out	er clothing in all	restricted areas a	at all times.
☐ Groom License	☐ 1 year fee (\$5)	☐ 2 year fee	(\$10) 🗆 3	year fee (\$15)
☐ Badge	☐ 1 year fee (\$10)	☐ 2 year fee	(\$20) 🗆 3	year fee (\$30)
	NAME AND	ADDDESS		
	NAME AND	ADDRESS		
NAME: LAST - INCLUDE SR., JR., ETC., IF A	PPLICABLE FIRST			MIDDLE
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAIL	ING ADDRESS APT#	CITY	STATE	ZIP CODE
TIONE ADDRESS. II DILLERENT THAN MAIL	INO ADDICESS ALT#	CITT	STATE	211 0052
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHO	NE NUMBER	EMAIL ADDRES
	DESCRIPTIVE II	NEORMATION		
	DEGOTAL TIVE II	HI OKIMATION		
DATE OF BIRTH:	— HEIGH	T: FT	IN WEIG	GHT: LBS
(M M) (D D)	(YYYY)			
(W. W.)	(,,,,			
SOCIAL SECURITY NUMBER:	I H I H I I			
			DRIVER LICENSE	/ STATE
IMMICD ATION ID NUMBER (if applicable)			STATE IDENTIFICA	
IMMIGRATION ID NUMBER (if applicable)				

HAIR COLOR	EYE COLOR		<u>SEX</u>	RACE
☐ BLACK ☐ BROWN	☐ BLACK	BROWN	☐ MALE	☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ WHITE
☐ BLONDE ☐ RED	☐ HAZEL	☐ BLUE	☐ FEMALE	☐ HISPANIC ☐ ASIAN / PACIFIC ISLANDER
☐ GRAY ☐ WHITE	☐ GRAY	GREEN		☐ BLACK / AFRICAN AMERICAN
☐ BALD				☐ OTHER
HAVE YOU EVER BEEN KNOWI specify dates of use for each. (Incl	_	_		No□ If yes, list the additional names below and
PLACE OF BIRTH:				
CITY/T	OWN		STATE/P	ROVINCE COUNTRY (other than US)
		A FULL-FA VIEW PHO TAKEN WITH 6 MO (IF ELECTRONIC F YOUR CREDENTIA	Y X 2" WITH ACE, FRONT DTOGRAPH HN THE PAST NTHS. FILING APPLICATION ALPICTURE WILL BEFOR AFFIXING)	
		CITIZ	ENSHIP	
2. Are you a citizen of the Uni	ted States?		s 🗆 No 🗆	
3. If you are a naturalized citizer attachment to question 3.	n of the United	States, attach a c	opy of your certifi	cate of naturalization to this form labeled as
NOTICE TO APPLICANT:	•		estion 2 and prov	vided the attachment for Question 3, please
	continue on t	o Question 6.		
4. If you are not a citizen of th	e United State	es, please indicat	te:	
A. The country of which you	ı are a citizen:			
B. Your place of birth:	CITY			STATE COUNTRY
				STATE COUNTRY
b. Name and address of ye	ar oponoor ape	ni your ainvai		
employed in the United State	s, please provi	de your USCIS "A S identification car	" number or other	nt resident alien or you are authorized to be USCIS authorization in the space provided below, er USCIS document that conditions or restricts your
USCIS "A" number				
				Initials/Date:

place where y	ou have lived during the past five years.		rmation with respe	
DATES FROM TO (MO\YR) (MO\YR)	ADDRESS (NUMBER, STREET, APARTMENT, CITY, STA	TE, COUNTRY AND ZIP CODE)	TELEPHONE	NUMBER
·				
	Note: Should you require additional space, attach a separa	te sheet of paper in the same format and la	abel it attachment to ques	stion 6.
		DESCRIPTION		
7. Name of Train	er:			
	PRINT NAMES OF TRAINERS W	HOM YOU CURRENTLY WORK FOR		
No	ote: Should you require additional space, attach a separate sl	neet of paper in the same format and label	it attachment to question	ı 7.
	, , , , , , , , , , , , , , , , , , , ,		,	
8. In the chart be	elow, provide the name(s) of your last emplo	yer?		
8. In the chart be	elow, provide the name(s) of your last emplo	yer? TYPE OF LICENSE	FROM (MODIC)	ТО
8. In the chart be				
8. In the chart be			FROM	ТО
		TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
	NAME OF LAST EMPLOYER	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
No	NAME OF LAST EMPLOYER	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
No	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate si	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
No	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate sl ames of three (3) Trainers for references in t	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
9. Provide the n 1.	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate sl ames of three (3) Trainers for references in t	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
9. Provide the n	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate sl ames of three (3) Trainers for references in t	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
9. Provide the n 1.	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate sl ames of three (3) Trainers for references in t	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)
9. Provide the n 1.	NAME OF LAST EMPLOYER ote: Should you require additional space, attach a separate sl ames of three (3) Trainers for references in t	TYPE OF LICENSE	FROM (MO/YR)	TO (MO/YR)

Page 3

Form No. HR-1: Harness Groom License 02-24-2017

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. <u>Arrest</u> means being taken into custody by any police or other law enforcement authority.
- B. <u>Charge</u> includes any indictment, complaint, information or other notice of the alleged commission of any "offense."
- C. <u>Conviction</u> 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. <u>Crime or Offense</u> includes all felonies and misdemeanors.
- E. <u>Disposition</u> 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.

Have you ever been arrested, charged and/or convicted of any crime or offense in any jurisdiction (including

Records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

Yes ☐ No ☐ If you checked yes, complete the following chart:						
NATURE OF CHARGE OR OFFENSE	DATE 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 10.

11.	Α.	Are you	presently	y on	parole	or	probation?
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Vac	П	Nο	\Box
TES		INO	

Massachusetts)?

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 \(\subseteq \text{No} \subseteq \) If you checked yes to any of above questions, 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 11.

Initials/Date:	

	LICENSING HISTORY							
12.	Have you been	licensed nrev	iously by the	e Massachusetts Stat	e Racing or Gamir	na Commission?		
12.		-			_	ig commission:		
	Yes No If you checked yes, complete the following chart:							
	YEAR (OF LICENSURE		TYPE OF LICENSE, PE	RMIT, REGISTRATION,	CERTIFICATION, OR OTHER AUTHORIZATION		
	No	ote: Should you red	uire additional so:	Lace attach a senarate sheet	of naner in the same form	nat and label it attachment to question 12.		
	N	ote. Should you req	une additional spe	ace, attacif a separate sheet	or paper in the same form	nat and laber it attachment to question 12.		
13.	Do you have, o	or have you ev	er had a raci	ng license in any othe	er state?			
	Yes ☐ No ☐] If you ched	cked yes, com	plete the following cha	rt:			
	NA	ME STATE		TYPE OF LI	CENSE	YEAR(S)		
		0 11	1.00	<u> </u>				
	NO	ote: Snould you req	uire additional spa	ace, attach a separate sneet (or paper in the same form	nat and label it attachment to question 13.		
14.	Are you now or	r have you eve	er been found	ineligible for licensu	re, denied a licens	se, had a license revoked or suspended,		
				e barred from partici nority in the U.S. or el		by any racing organization, association,		
	Yes ☐ No ☐	If you check	ed yes, compl	ete the following chart:				
	DATE	STATE		TRACK		SPECIFIC VIOLATION		
		-		-				
	No	ote: Should you req	uire additional spa	ace, attach a separate sheet	of paper in the same form	nat and label it attachment to question 14.		
15.					racing organization	on, association, commission or other		
	recognized tur							
	Yes 🗌 No 🗌	If you check	ed yes, comp	lete the following chart:	:			
	DATE	STATE		TRACK		SPECIFIC VIOLATION		
	Ne	ota: Should you roo	uiro additional soc	aco, attach a congrato choot	of paper in the same form	nat and label it attachment to question 15.		
	No	ote. Should you req	une audilional Spa	auaun a separate sneet (ограрег ит ше затте тотт	nacana laber it attacniment to question 15.		
						Initials/Date:		

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 _	License applied for Expires December 31st 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. of 1542 as they appear I the "Notice to Trainer's" section of my current Massachusetts Thoroughbit trainer license application								
_	Print Name of Applicant								
	Date of Signature	Signature of Trainer	Print Name of Trainer	Date of Signature					
		LEACE AUTHORIZATION	INDIVIDUAL						
	RE	LEASE 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 (Print Name) Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.								
	I acknowledge that the Commission and conducting due diligence suitability invefiled with the Commission.								
	I authorize the release of any and all inf agent of the Commission or Bureau, pro Commission or that I am presently a lice	ovided that he or she certifies to ye	ou that I have an application pend						
	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 d A photocopy of this		ed, for the duration of the licens as effective and valid as the origin						
X	(Signature of Applicant)	(Type, Stamp or	Print Name)	(Date)					
orn	n No. HR-1: Harness Groom License 02-24-2017			Page					

		APPROVAL PAGE
☐ Approved ☐ Denied	☐ Approved	☐ Denied
Signature of Steward / Judge Date	Mass. State Police Reviewing Officer:	
Print Name of Steward / Judge	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:		