

HARNESS RACING RACING OFFICIAL LICENSE FORM

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

COMMISSION LIGHT TOKIN	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 QUESTI	ONS IN THE SPACES PROVIDED
FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COM	
MAY RESULT IN THE DENIAL OF YOUR LICENSE A	PPLICATION
TYPE OF APPLICATION	
 Check (√) the appropriate box or boxes to designate the purpose of this application. Attach y completed. Make check payable to Commonwealth of Massachusetts. 	your payment to the front of your application when it is
The applicant is eligible for a license up to three consecutive years. Select the appropriate b	oox or boxes for the number of years desired and
submit with this application.	
Badges must be worn in plain view on outer clothing in all	restricted areas at all times.
☐ Racing Official License ☐ 1 year fee (\$25) ☐ 2	year fee (\$50)
□ Badge □ 1 year fee (\$10) □ 2	year fee (\$20)
NAME AND ADDRESS	
NAME: LAST - INCLUDE SR., JR., ETC., IF APPLICABLE FIRST	MIDDLE
	···· <u></u>
MAILING ADDRESS: NUMBER AND STREET APT# CITY	STATE ZIP CODE
WIAILING ADDRESS. NOWIDER AND STREET AFT# CITT	STATE ZIF CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS APT# CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER CELL TELEPHONE NUMBER WORK TELEPHO	NE NUMBER EMAIL ADDRESS
DESCRIPTIVE INFORMATION	
DATE OF BIRTH: HEIGHT: FT	IN WEIGHT: LBS
(M M) (D D) (YYYY)	
SOCIAL SECURITY NUMBER:	
	DRIVER LICENSE / STATE
IMMIGRATION ID NUMBER (if applicable)	STATE IDENTIFICATION NUMBER

HAIR COLOR	EYE COLOR		SEX	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 KNOWN specify dates of use for each. (Incl.				No□ If yes, list the additional names below and	
PLACE OF BIRTH:					
CITY/T	OWN		STATE/PI	ROVINCE COUNTRY (other than US)	
		COLOR 2" A FULL-FA VIEW PHO TAKEN WITH 6 MO (IF ELECTRONIC F YOUR CREDENTIA SUFFICIENT I	LY AFFIX A X 2" WITH ACE, FRONT OTOGRAPH HN THE PAST NTHS. ILING APPLICATION IL PICTURE WILL BE FOR AFFIXING)		
		CITIZ	ENSHIP		
2. Are you a citizen of the United States? Yes No					
3. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this form labeled as attachment to question 3.					
NOTICE TO APPLICANT: If you answered "YES" to Question 2 and provided the attachment for Question 3, please					
	continue on to	Question 6.			
4. If you are not a citizen of th	e United States	s, please indicat	e:		
A. The country of which you	ı are a citizen: _				
B. Your place of birth:	CITY			STATE COUNTRY	
<u></u>	·				
5. 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, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as attachment to question 5.					
USCIS "A" number					
				Initials/Date:	

	BUSINESS DESCRIPTION						
	DOGINEOU DECOMI HOM						
6.	6. Provide the Name of the Racing Association you are employed by:						
Е	mployed By:						
Е	mployed As:						
7.	List your Ex	perience in Racin	g:				
	YEAR	STATE		CAPACITY			
	Note: S	hould you require additi	onal space, attach a separa	te sheet of paper in the same format and label it attachment to question 7.			
8.	List the Lice	nses held as a Ra	acing Official:				
_							
	YEAR	STATE		CAPACITY			
	Note: S	hould you require additi	onal space, attach a separa	te sheet of paper in the same format and label it attachment to question 8.			
9.	Have you he	ld any racing lice	nses, other than "Of	ficial", in the past two years:			
	Yes□	No□ If you c	necked yes, complete	the following chart:			
	YEAR	STATE		CAPACITY			
	Note: S	hould you require additi	onal space attach a separat	te sheet of paper in the same format and label it attachment to question 9			
	Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 9.						
	TO BE COMPLETED BY VETERINARIANS DEA CONTROLLED SUBSTANCE						
А	All Veterinarians must be registered in Massachusetts with DEA to CERTIFICATE NUMBER:						
Q	Qualify for licensing by M.G.C. Certificates subject to inspection upon reasonable demand. EXPIRATION DATE:						
				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. <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. Crime or Offense 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:

11. A. Are you presently on parole or probation? Yes □

1. You have never been arrested or charged with any crime or offense.

10. 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.

Massachusetts)? Yes □	No □ If y	ou 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
N. t. O. II	1.00 1 0 1		1

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

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 11.									

No □

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

Initials/Date:	

			LICENSING HIS	STODY			
LICENSING HISTORY							
12. Have you been I	icensed previous	usly by the N	lassachusetts State	Racing or Gaming	Commission?		
Yes □ No □	If you chec	ked yes, com	olete the following cha	art:			
VEAD OF LIGHT 197			DE OFFICENCE DEPLUE	DECICEDATION CERT			
YEAR OF LICENSURE		TY	PE OF LICENSE, PERMIT,	REGISTRATION, CERT	IFICATION, OR OTHER AUTHORIZATION		
Note:	Should you require a	additional space, a	attach a separate sheet of p	aper in the same format a	and label it attachment to question 12.		
13. Do you have, or	have you ever	had a license	from any other stat	e?			
Yes □ No [☐ If you c	hecked yes, c	omplete the following	chart:			
NAME STATE			TYPE OF LICENSE		YEAR(S)		
Note: Sh	ould you require add	itional space, atta	ch a separate sheet of pape	er in the same format and	label it attachment to question 13.		
14. Are you now or	ever have been	n found ineli	gible for licensure,	denied a license,	had a license revoked or suspended, or		
been set down,	, ruled off or	otherwise ba	arred from participa	ation in racing by	any racing organization, association,		
	_		ity in the U.S. or else				
Yes □ No □		ked yes, com	plete the following cha	art:			
DATE	STATE	TRACK		SPECIFIC VIOLATION			
DATE	OTATE	THOTOIC		or con to vice/there			
Nata Charlet are a		-441	e sheet of paper in the same	. f.,	haranta martina 44		
Note: Snould you requ	aire additional space,	allach a separale	e sneet of paper in the same	e iormat and laber it attac	nment to question 14.		
				ny racing organiza	tion, association, commission or other		
recognized turf	•						
Yes □ No □		ked yes, com	plete the following cha	art:			
DATE	STATE	TRACK		SPECIFIC VIOLATION			
DATE	OTATE	1101011		or con to viocition			
	+						
	<u> </u>						
Note: Sh	ould you require add	itional space, atta	ch a separate sheet of pape	er in the same format and	label it attachment 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

псетѕе арқ	lied for Expires December 31 st year of Issuance	
Print Name of Applicant	Signature of Applicant	Date of Signature
DEL 5405	AUTHORIZATION INDUSTRIAL	
RELEASE	AUTHORIZATION - INDIVIDUAL	
To: Law Enforcement Agencies, Courts, Probatic Educational Institutions, Banks, Financial and O Agencies – federal, state and local, without exce	ther Such Institutions, All Gaming Regulatory	y Agencies, and All Governmental
l,	, authorize the Massachusetts Gam	ning Commission (Commission) and
(Print Name) Investigations and Enforcement Bureau (Bureau	u) to conduct a full investigation into my back	ground and activities.
I acknowledge that the Commission and/or Bure conducting due diligence suitability investigation filed with the Commission.		
I authorize the release of any and all information agent of the Commission or Bureau, provided th Commission or that I am presently a licensee or	at he or she certifies to you that I have an ap	
I release any issuing entity, the Commission, the collectively, from any and all liability for damages authorization for release of information.		
I acknowledge that this authorization shall super Commission and/or Bureau.	sede and replace any prior release authoriza	ation executed by me for the
This release shall be valid from the date of si A photocopy of this authorize	gnature and, once issued, for the duration ation will be considered as effective and vali	
(Signature of Applicant)		
(Type, Stamp or Print Name)		

(Date)

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