

THE STATE HORSE RACING COMMISSION  
PENN NATIONAL RACE COURSE  
777 HOLLYWOOD BLVD  
GRANTVILLE, PA 17028  
PHONE: (717) 469-3223

THE STATE HORSE RACING COMMISSION  
PARX RACING  
3255 RICHLIEU ROAD  
BENSALEM, PA 19020  
PHONE: (267) 223-3339

THE STATE HORSE RACING COMMISSION  
PRESQUE ISLE DOWNS  
PO BOX 10728  
ERIE, PA 16514  
PHONE: (814) 860-8972

**THE STATE HORSE RACING COMMISSION – BUREAU OF THOROUGHBRED RACING**

PLEASE SEND APPLICATION & APPROPRIATE FEES  
(Refer to Fee Schedule) TO ONE OF THE RACE  
TRACKS LISTED AT THE TOP OF APPLICATION

CHECK OR MONEY ORDER ONLY  
# \_\_\_\_\_

**ORIGINAL  
APPLICATION**  
(Print or Type In Black Ink)  
**THREE YEAR LICENSE FEES**

**OFFICE USE ONLY**

License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Approved By \_\_\_\_\_  
Fingerprints Taken: YES NO

**Classification(s) to be licensed as:** \_\_\_\_\_

1. Name (Print) \_\_\_\_\_  
(Last) (First) (Middle)

2. Permanent Mailing Address \_\_\_\_\_  
*at which service of all papers may be made upon you.* (No. & Street) (City) (State) (Zip)

3. Email Address \_\_\_\_\_

4. Present Address \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

5. Social Security No. (Last 4 digits only) \_\_\_\_\_ 6. Telephone No. \_\_\_\_\_

7. YES NO United States Citizen? 8. Date of Birth \_\_\_\_\_

9. YES NO Are you a public employee, an elected public officer, or a political party officer in Pennsylvania? If yes, give details including salary, if any, position and location. \_\_\_\_\_

10. YES NO Have you been fingerprinted by the Pennsylvania Horse Racing Commission?

11. YES NO Have you ever been denied a license? Where and When? \_\_\_\_\_

12. YES NO Are you a stockholder in any racing association in Pennsylvania? \_\_\_\_\_

13. YES NO Have you or any member of your immediate family ever owned, operated or been connected with a handbook or bookmaking establishment, or been associated with bookmakers? Give all particulars. \_\_\_\_\_

14. YES NO Have you been arrested for any crime (except traffic violation), including driving while intoxicated or vehicular homicide? Give all particulars. \_\_\_\_\_

15. YES NO Have you been convicted for any crime (except traffic violation), including driving while intoxicated or vehicular homicide? Give all particulars. \_\_\_\_\_

16. YES NO Have you been ruled off, suspended or otherwise barred from participating in racing by any racing organization, commission, or other recognized turf authority? If so, state when, where and by whom the ruling or rulings were made and the offense or offenses charged. \_\_\_\_\_

17. YES NO Has any indictment been returned or complaint or information made against you by the United States or any State charging sale, use or possession of narcotics or controlled dangerous substances? Give complete details and disposition. \_\_\_\_\_

18. YES NO Do you now have or will you have, employees working for you on the track? If YES, you are required by the Pennsylvania Workmen's Compensation Act to secure current insurance to provide for compensation for all such employees. \_\_\_\_\_

**FARRIER ONLY —**

19. YES NO Is examination complete? Results: PASSED FAILED

**JOCKEY ONLY —**

20. YES NO Do you hold at the present time a license to ride from any racing organization? Indicate which state \_\_\_\_\_  
By whom are you employed? First Call \_\_\_\_\_  
Second Call \_\_\_\_\_

21. **JOCKEY AGENT ONLY** — Jockey \_\_\_\_\_  
Jockey \_\_\_\_\_

(If Apprentice, Designate)

In what state and year were you first granted a Jockey Agent's license? \_\_\_\_\_

22. **APPRENTICE JOCKEY ONLY** — Present Contract Employer's Name: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Number of winners at time of this application.

Date of first winner \_\_\_\_\_ Name of track \_\_\_\_\_

Date of fifth winner \_\_\_\_\_ Name of track \_\_\_\_\_

**VETERINARIAN ONLY —**

23. YES NO Are you currently licensed by the Pennsylvania State Board of Veterinary Medical Examiners?

Approval of State Veterinarian \_\_\_\_\_

24. **VENDOR EMPLOYEE** — Name of Company and business address \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

25. **VENDOR ONLY** — Name of employer \_\_\_\_\_

Number of employees needing licenses: \_\_\_\_\_

26. Recommended by:

Name \_\_\_\_\_

Address \_\_\_\_\_

27. In making this application for a license to participate in Thoroughbred racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. It is further understood and agreed to that any license issued on the basis of this application is temporary only for a period of ninety (90) days and will be made permanent only after investigation and final determination of any question relative to the issuance of said license pursuant to Title 7, Section 185.1.

**26. To The State Horse Racing Commission:**

**The undersigned hereby makes application for a license in accordance with the Rules and Regulations of The State Horse Racing Commission.**

*By submitting this application, the undersigned does hereby agree to abide by the Rules and Regulations of The State Horse Racing Commission, the Laws of the United States of America, the Commonwealth of Pennsylvania, municipalities and other subdivisions thereof, and does hereby consent to any provisions which may be contained in any of them for the search, within the grounds of a racing association, of any premises which I may occupy or control or have the right to occupy or control and of my personal property and effects, in the seizure of any article, the having of which within such grounds may be forbidden. I further agree to accept the decision of the Racing Officials as final on any matter relating thereto, or to a race or racing. My signature acknowledges that I will comply with drug/alcohol testing when requested by the Commission.*

*I hereby certify that I have read the foregoing application and that every statement contained therein is true and correctly set forth, and I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be revoked, cancelled, temporarily suspended or withdrawn by said The State Horse Racing Commission or any other legally constituted racing authority in the United States or elsewhere.*

*I verify that the above statements are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications to authorities and may result in criminal prosecution and denial, suspension or revocation of my license.*

29. \_\_\_\_\_ 30. \_\_\_\_\_ 31. \_\_\_\_\_

Approved – Commission Official  
(Official Use Only)

Signature of Applicant

Date