

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

HR-106 (Rev. 9/16)

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

CHECK OR MONEY ORDER ONLY

# RENEWAL APPLICATION

(Print in Black Ink or Type)  
THREE YEAR LICENSE

OFFICE USE ONLY

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

Date Issued \_\_\_\_\_

Approved by \_\_\_\_\_

Fingerprints taken Yes \_\_\_ No \_\_\_

PARTNERSHIP AND AUTHORIZED AGENT REQUIRE SEPARATE APPLICATIONS

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

1. I, the undersigned, hereby make application for renewal of my \_\_\_\_\_ license,  
to be issued to me in accordance with the terms and provisions of the Rules of Racing adopted by said Commission.
2. Full Name (Print) \_\_\_\_\_  
Last First Middle
3. Permanent Mailing Address \_\_\_\_\_  
at which service of all papers may be made upon you.
4. Email Address \_\_\_\_\_
5. Present Address \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ 7. Social Security No. (last 4 digits only) \_\_\_\_\_ 8. Telephone No. \_\_\_\_\_  
Street City State Zip Code
9. United States Citizen? \_\_\_\_\_ Yes  No
10. Are there any adverse rulings against you by any Racing Body? \_\_\_\_\_ If so, give particulars: \_\_\_\_\_
11. Have you been fingerprinted by The State Horse Racing Commission? Yes  No
12. Have you been arrested for any crime (except traffic violation) since filing last application, including driving while intoxicated  
or vehicular homicide? Yes  No   
If yes, give particulars: \_\_\_\_\_
13. Have you been convicted for any crime (except traffic violation) since filing last application, including driving while intoxicated  
or vehicular homicide? Yes  No   
If yes, give particulars: \_\_\_\_\_
14. Are you a stockholder in any racing association in Pennsylvania? Yes  No
15. Are you a public employee, an elected public officer, or a political party officer in Pennsylvania? Yes  No   
If yes, give details including salary, if any, position and location \_\_\_\_\_
16. OWNERS and TRAINERS ONLY — Before any owner or trainer is issued a license, he/she must comply with the provisions  
of the Workmen's Compensation Law of The Commonwealth of Pennsylvania. Do you have a Certificate of Insurance on file with  
the Commission? Yes  No
17. If NO explain \_\_\_\_\_
18. Name of Company \_\_\_\_\_ 19. Policy Expiration Date \_\_\_\_\_

-Complete Other Side-

20. **OWNERS ONLY** — List all horses in training owned (wholly or in part) or leased by you. (If leased, insert capital L" beside name of horse). (Use Separate sheet, if necessary.)

(Name)

{Purchased From)

(Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

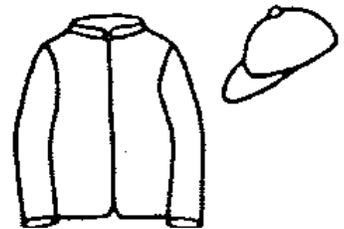
21. If currently owned in partnership with other owners, give names and addresses of all partners.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. List Trainer's Name: \_\_\_\_\_

**23 COLORS REGISTRATION ONLY — \$15.00 FEE – Required with Owner application**

- 24. Jacket Color \_\_\_\_\_
- 25. Additional Jacket Description \_\_\_\_\_
- 26. Sleeves Color \_\_\_\_\_
- 27. Collar Color \_\_\_\_\_ 28. Cap Color \_\_\_\_\_
- 29. Horses are to run in the name of \_\_\_\_\_



30. **APPRENTICE JOCKEY ONLY**--- Present contract employer (Full Name and Address)

31. Number of winners at time of this application. \_\_\_\_\_

32. Date of first winner \_\_\_\_\_ 33. Name of Track \_\_\_\_\_

34. Date of fifth winner \_\_\_\_\_ 35. Name of Track \_\_\_\_\_

36. **VENDOR ONLY** -Name of Company and business address \_\_\_\_\_

37. Number of employees needing licenses? \_\_\_\_\_

38. Employer's Signature \_\_\_\_\_

39. 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 Section 163.58 of the Pennsylvania Rules of Racing, as amended.

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

**The undersigned hereby make 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 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 State Horse Racing Commission For cause, and said license may be revoked at any time for misstatements or omissions, in the foregoing application, or for any violation of the Rules of Racing of the State Horse Racing Commission or of any other legally constituted racing authority in the United States or elsewhere.*

*I verify that the about 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.*

41. \_\_\_\_\_ 42. \_\_\_\_\_  
Signature of Applicant Date