

THE STATE HORSE RACING COMMISSION
MOHEGAN SUN @ POCONO DOWNS
1282 HIGHWAY 315
WILKES BARRE, PA 18702
PHONE: (570) 826 -2404

THE STATE HORSE RACING COMMISSION
HARRAH'S CHESTER CASINO AND RACETRACK
1001 HARRAH'S BLVD
CHESTER, PA 19013
PHONE: (610) 619 - 3211

THE STATE HORSE RACING COMMISSION
THE MEADOWS
PO BOX 427 RACE TRACK ROAD
MEADOW LANDS, PA 15347
PHONE: (724) 223 - 4585

THE STATE HORSE RACING COMMISSION – BUREAU OF STANDARDBRED RACING

THIS FORM MUST BE COMPLETED BY ALL PERSONS WHO HAVE NOT BEEN PREVIOUSLY LICENSED BY THE COMMISSION OR HAVE NOT RENEWED A LICENSE FOR A PERIOD OF 3 YEARS OR LONGER. THIS APPLICATION MUST BE ACCOMPANIED BY (2) FINGERPRINT CARDS AND THE CORRECT FEE.
(Refer to Fee Schedule) CHECK OR MONEY ORDER ONLY

**PLEASE SEND APPLICATION AND APPROPRIATE FEES TO ONE OF THE RACE TRACKS LISTED AT THE TOP OF APPLICATION
PRINT OR TYPE IN INK ONLY – READ ALL REQUIRED INFORMATION THOROUGHLY**

1. Name of Applicant: _____
Last First Middle NAME

2. **Permanent Mailing Address:** _____
No. and Street City State Zip Code
(PSHRC rules require you have a **valid permanent mailing address** for which all correspondence is forwarded. If you do not, you will be in violation of PSHRC rules resulting in immediate suspension. Any changes in address must be updated with the Commission immediately.)

3. List any other name or nickname used or known by: _____

4. Full name of spouse: _____
Last First Middle Maiden Name

5. Home Phone: (area code) _____ Business Phone: (area code) _____

6. Classification(s) to be licensed as: _____

7. Name of Employer / Trainer at track: _____ Applicant's e-mail address: _____

8. (a) Age _____ Date of Birth ____/____/____ City: _____ State: _____ Nation: _____

(b) Enter personal description in following boxes:

SEX	HEIGHT	COLOR HAIR	COLOR EYES	OFF-TRACK OCCUPATION	SOC. SEC. NUMBER (last four digits)
					XXX-XX- _____

If your answer to any of the questions 9 thru 14 is YES, a separate statement of details must be submitted. Include the disposition in each case.

9. YES () NO () Have you ever been ejected from or denied access or admission to any race track?
10. YES () NO () Have you ever had any permit or license of any type whatsoever, denied, suspended, or revoked by any Federal, State, or City Agency?
11. YES () NO () **Have you ever been charged with or convicted of any criminal charge or serious traffic violation? ALL arrests must be reported whether dismissed or whether you were convicted or received a suspended sentence.**
12. YES () NO () Have you ever been involved in bookmaking or other illegal gambling, or associated with anyone so involved?
13. YES () NO () Have you ever violated or been charged with violation of any rule, regulation, or order, by the USTA, any racing official, association, or commission, in the United States, Canada, or elsewhere, whereby license was denied, revoked, or suspended over 5 days or fined greater than \$300.00?
14. YES () NO () (a) Have you been fingerprinted by any racing commission? List State or Provincial Commission _____ Year _____
YES () NO () (b) Are you a member of the USTA? Membership No.: _____ Expiration Date: _____
YES () NO () (c) Are you licensed by the USTA as a Driver or Trainer or both? Letter Classification(s) _____
TRAINERS SHALL NOTIFY THE COMMISSION IMMEDIATELY OF ANY CHANGES IN THE EMPLOYMENT OF GROOMS

Continue to answer questions on reverse side of application

DO NOT WRITE IN THIS SPACE

Bureau of Standardbred Racing License No. _____ Date Issued: _____ Location: _____

Exam. By: _____ / _____ License FEE: _____ Fingerprint FEE: _____ Transmittal No.: _____
Sign / Print

FBI: _____ PSP: _____ Restricted Verification: Initials _____ USTA _____ INTELL _____

License Expiration Date: _____

15. YES () NO () Do you now have, or will you have, employees working for you on the track? If YES, you are REQUIRED by the PA Workmen's Compensation Act to secure current insurance to provide compensation for all such employees.

Name of Insurance Company: _____ Policy Exp. Date: _____

16. YES () NO () Are you a U.S. Citizen? Status: _____ Visa Type / No. _____

17. YES () NO () Are you a public employee, elected public officer, or a political party officer in Pennsylvania? If YES, give the following:

Details: _____ Position: _____ Location: _____

18. If you are applying for a current Veterinarian License, list your current Pennsylvania License No: _____

19. If you are a racing/track official, give classification of current USTA License: _____

Upon arrival on track, grooms shall promptly report their tack room and barn assignment to the Commission office. If this information is available at this time, complete this line: _____

Tack Room

Barn

If you are under the age of Eighteen (18), working papers or education certificate must be submitted with this application.

Complete the following: _____

School District

Certificate No.

THE FOLLOWING TO BE COMPLETED BY OWNERS ONLY

NOTE: OWNERS LICENSE MUST BE OBTAINED BY THE FOLLOWING PERSONS:

- ALL INDIVIDUALS OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- ALL OFFICERS AND DIRECTORS IN ANY CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- ALL STOCKHOLDERS IN A CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.

20. YES () NO () A. Do you own or lease any Standardbred horses which you intend to race in Pennsylvania during the year or years for which this application is submitted? If YES, list names of those horse as presently known:

B. If horses are leased, give name and address of Lessee(s) and Owner(s). (attach additional sheet if necessary)

Lessee: Name: _____

Address: _____

Owners: Name: _____

Address: _____

YES () NO () C. Is ownership of horses which you intend to race in Pennsylvania during the year(s) for which this application is submitted, shared with others or under the name of a racing stable, farm, or corporation? If YES, list all names and addresses of all other owners of such horses, or names and addresses of such stables or corporations including officers, directors and all members thereof. (attach additional sheet if necessary.)

Name: _____ Name: _____

Address: _____ Address: _____

21. Under what name or names is ownership of above horses, listed under question 20A , registered with the USTA?

The Commission, or its representatives, shall have the right to conduct a warrant-less search within the racetrack enclosure which any owner, trainer, driver, groom, vendor of racing equipment and service, or other licensee acting in their behalf may occupy and control including all personal property and effects. As a result of such search, the Commission or its representatives shall have the power and authority to seize any article which may be in violation of the rules and regulations of the Commission or the criminal statutes of the Commonwealth of Pennsylvania. My signature acknowledges that I will comply with drug/alcohol testing when requested by the Commission.

Notify this Commission immediately of any change of address, employment, arrest, or other development which would alter the information on this application. If licensed, I agree to comply with all rules, regulations, and orders of The State Horse Racing Commission. I hereby verify the facts contained in this foregoing application are true and correct. I give this verification subject to the provisions set forth in 18 Pa. C.S. 4904, relating to un-sworn falsification to authorities, a misdemeanor of the second degree.

Sign / Print: _____ / _____ Date: _____

Parent or Guardian _____ / _____ Date: _____

Signature indicates acceptance of full responsibility for this applicant for Owner's License when applicant is under 18 years of age.