



THE STATE HORSE RACING COMMISSION

AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS OF THE STATE HORSE RACING COMMISSION APPLICANTS AND LICENSEES

I, AS AN APPLICANT FOR A PENNSYLVANIA STATE HORSE RACING COMMISSION LICENSE OR AS A CURRENT LICENSEE, HEREBY AGREE TO SUBMIT TO FINGERPRINTING BY THE PENNSYLVANIA STATE POLICE ("PSP") PURSUANT TO SECTION 9312 OF THE PENNSYLVANIA RACE HORSE INDUSTRY REFORM ACT, (ACT 114) FOR THE PURPOSE OF ASSISTING THE STATE HORSE RACING COMMISSION ("COMMISSION") IN CARRYING OUT THE POLICIES AND PURPOSES OF 58 PA CODE.

I ALSO AUTHORIZE THE PSP TO RETAIN AND TRANSMIT COPIES OF MY FINGERPRINTS, USING ELECTRONIC MEANS IF APPROPRIATE, TO MEET THE NEEDS OF THE PSP AS DIRECTED BY THE COMMISSION PURSUANT TO 58 PA CODE, PART V. I FURTHER UNDERSTAND AND AGREE THAT THE PSP WILL TRANSMIT COPIES OF MY FINGERPRINTS TO THE FEDERAL BUREAU OF INVESTIGATION AND SUCH OTHER LAW ENFORCEMENT AGENCIES AS THE COMMISSION OR PSP DETERMINES TO BE APPROPRIATE FOR PURPOSES OF VERIFYING MY IDENTITY AND OBTAINING RECORDS RELEVANT TO MY ELIGIBILITY TO ACQUIRE OR MAINTAIN LICENSING BY THE COMMISSION.

I FURTHER AUTHORIZE THE PSP TO USE AND RETAIN MY FINGERPRINTS FOR GENERAL LAW ENFORCEMENT PURPOSES.

I UNDERSTAND THAT I HAVE THE RIGHT TO CHALLENGE THE ACCURACY OF THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. I HAVE BEEN ADVISED THAT PROCEDURES FOR OBTAINING A CHANGE, CORRECTION, OR UPDATING OF AN FBI IDENTIFICATION RECORD ARE SET FORTH IN TITLE 28, C.F.R., §16.34, OR AT: <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>.

BY SIGNING THIS FORM, I AM KNOWINGLY, WILLINGLY AND VOLUNTARILY WAIVING ANY AND ALL PRESENT AND FUTURE CLAIMS OR CAUSES OF ACTION THAT COULD BE ASSERTED AGAINST THE PSP AND THE COMMISSION RELATIVE TO THE COMMISSION AND PSP OBTAINING, RETAINING AND/OR DISSEMINATING THE WITHIN REFERENCED FINGERPRINT COPIES, FOR THE PURPOSES AND IN THE MANNER STATED HEREIN. ADDITIONALLY, I ACKNOWLEDGE THAT I HAVE BEEN GIVEN, READ, AND UNDERSTAND THE PRIVACY ACT STATEMENT.

DATE

SIGNATURE (LEGAL SIGNATURE)

NAME (PLEASE PRINT)

() _____
DAYTIME TELEPHONE NUMBER

COPY FOR PSP

Commissioners:

Sec. Russell Redding
Darryl Breniser
Salvatore M. DeBunda

Dr. John Eglof
Thomas Jay Ellis
Russell B. Jones

Robert F. Lark
C. Edward Rogers
Michele C. Ruddy

Dr. Corinne R. Sweeney

12/13/2017



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