

# State of Montana

Montana Board of Horse Racing  
P.O. Box 551  
Corvallis, MT 59828  
(406) 961-5422  
[www.commerce.mt.gov/horseracing](http://www.commerce.mt.gov/horseracing)

Jockey	<b>Jockey Application</b> <b>Apprentice Jockey Application</b> \$50	Apprentice Jockey (Must obtain apprentice certificate)	\$35
<hr/> <i>Signature of Approval by Steward for Jockey or Apprentice Jockey License</i> <hr/>			



**Incomplete or inaccurate applications will not be processed! Please fill in all required information.**

- List license type(s) applying for: \_\_\_\_\_
- Name: \_\_\_\_\_  
First Middle Last
- Address: \_\_\_\_\_  
Street Address City State Zip Code
- Mailing Address: \_\_\_\_\_  
(Only if different) Street Address City State Zip Code
- Social Security: \_\_\_\_\_
6. Telephone: \_\_\_\_\_
- Date of birth: \_\_\_\_\_
8. Place of birth: \_\_\_\_\_  
City & State
- Description: \_\_\_\_\_  
Height Weight Eye Color Hair Color Sex (M / F)
- Do you have or have you ever had a jockey or apprentice license from another state?  Yes or  No. If 'Yes', list the three (3) **most recent** years and states: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you under suspension, set down, ruled off, or otherwise debarred from participating in racing by any racing organization, association, commission or other turf authority in the United States or elsewhere?  Yes or  No. If 'Yes', give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List all suspensions, fines or other rulings previously made against you (include all drug and/or alcohol rulings). (**DO NOT ANSWER** – “on record” or similar statements). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever been convicted of a felony?  Yes or  No. If 'Yes', give details: \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been arrested or convicted of violating the law (except minor traffic violations)?  Yes or  No. If 'Yes', give details: \_\_\_\_\_  
 \_\_\_\_\_
15. Have you ever been ejected from or denied the privileges of a race track?  Yes or  No. If 'Yes', give details: \_\_\_\_\_  
 \_\_\_\_\_
16. If NOT previously licensed in Montana, give names and addresses of three owners or trainers, whom you know to be available for references: \_\_\_\_\_  
 \_\_\_\_\_
17. Give name and address of nearest living relative: \_\_\_\_\_  
 \_\_\_\_\_

By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing and consent to the search, within the grounds of a license holder, of any premises which I may occupy or control or have the right to occupy or control and of my personal property and effects, and the seizure of any article, the having of which within such grounds may be forbidden. I have read the Rules and Regulations of the Montana Board of Horse Racing and understand the same as they apply to my activities as a jockey.

In making this application for a license to participate in racing, I understand 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 I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, which may be applicable. I understand that I 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.

I understand this application and all statements it contains are subject to review and approval by the Montana Board of Horse Racing, its representatives, or steward(s) before a license may be granted.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, or its duly authorized stewards without prior written notice and formal hearing, so long as I have a right of appeal, and said license may be revoked at any time for misstatements or omissions on the foregoing application.  
 \_\_\_\_\_ *(Applicant initials verifying this was read).*

18. Have you attached a COPY of your CURRENT physical card or certificate from a medical doctor along with application?  
 Yes or  No. If 'No', a Montana Board of Horse Racing Medical Waiver must be completed and approved by a steward before you are allowed to ride. **If 'No', a CURRENT physical card or medical certificate must eventually be submitted.**

**Workers Compensation Waiver**

The undersigned applicant for a jockey or an apprentice jockey license understands and agrees that the applicant IS NOT COVERED under the Montana Worker's Compensation Act while performing services as a jockey or an apprentice jockey in Montana, as per section 39-71-401, MCA.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date of Signature

19. Print Name: \_\_\_\_\_ 20. Email Address: \_\_\_\_\_
21. Signature: \_\_\_\_\_ 22. Date: \_\_\_\_\_