State of Montana

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

Occup	ational	Rider Application	
Exercise Person (Must be approved by Steward)	\$25	Outrider Pony Person	\$25 \$25
Signature of Appro	val by Ste	ward for Exercise Person License	1
			W

www.commerce.	mi.gov/norseracing
License #:	
Check# or Cash;	

1. List license type(s) applying for:

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

First Middle Last Street Address City State Zip Code	Name:	·····			
Street Address: Mailing Address: Street Address City State Zip Code			Middle	Last	
4. Mailing Address: (Only if different) Street Address City State Zip Code 5. Social Security: 6. Telephone: 7. Date of birth: City & State 9. 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: 10. Have you ever been arrested or convicted of violating the law (except minor traffic violations)? Yes or No. If 'Yes' give details: 11. Are you currently on probation or parole in Montana or anywhere? Yes or No. If 'Yes', give details: 12. Have you been previously licensed by the Montana Board of Horse Racing? Yes or No. If 'Yes', list the three (3) most recent years and license types: 13. Do you have or have you ever had a license from another state? Yes or No. If 'Yes', list the three (3) most recent years, states, and license types: 14. Print Name: 15. Email Address:	Address:Street	Address	City	State	Zip Code
City State Zip Code Stocial Security:	Mailing Address:		,		
8. Place of birth:	(Only if different)	Street Address	City	State	Zip Code
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