

# 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)

License #: \_\_\_\_\_

Check# or Cash; \_\_\_\_\_

## Trainer Application - \$50

(Must be approved by Steward)

Signature of Approval by Steward for Trainer



**Incomplete/inaccurate applications will not be processed! Fill in required information. \*\* MUST BE 18 YEARS OR OLDER \*\***

1. Name: \_\_\_\_\_  
First Middle Last

2. Address: \_\_\_\_\_  
Street Address City State Zip Code

3. Mailing Address: \_\_\_\_\_  
(Only if different) Street Address City State Zip Code

4. Social Security: \_\_\_\_\_ 5. Telephone: \_\_\_\_\_

6. Date of birth: \_\_\_\_\_ 7. Place of birth: \_\_\_\_\_  
City & State

8. 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:

\_\_\_\_\_

9. List **all** suspensions, fines or other rulings against you in the three (3) **most recent** years. (Use the back if needed). \_\_\_\_\_

\_\_\_\_\_

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 as a trainer?  Yes or  No. If 'No', have you successfully passed the trainer's exam for Montana?  Yes or  No. If 'Yes', what year did you take the trainer's exam? \_\_\_\_\_

13. 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: \_\_\_\_\_

\_\_\_\_\_

14. 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: \_\_\_\_\_

\_\_\_\_\_

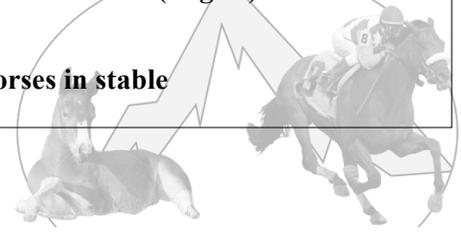
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**Listing of horses in stable**



15. List SIX (6) horses you are currently training that will be racing in Montana ***this year***. If you have LESS than SIX (6) horses, list ALL horses you are currently training. Please include age, sex and owner's name.

Horse Name	Age	Sex	Owner's Name

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. 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 any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

16. Print Name: \_\_\_\_\_ 17. Email Address: \_\_\_\_\_

18. Signature: \_\_\_\_\_ 19. Date: \_\_\_\_\_