MONTANA LICENSE APPLICATION FOR OFFICE USE ONLY RECEIPT State of Montana Montana Board of Horse Racing P.O. Box 551 LICENSE FEE (S): DATE OF ISSUE: Corvallis, MT 59828 LICENSE #: TOTAL FEE (S): (406) 841-2705 (406) 369-1032 PAID BY: CASH CHECK Website: https://commerce.mt.gov/Boards/ STEWARDS APPROVAL: CLERK: MBOHR/Board-of-Horse-Racing/ \$25 Timer/Clocker \$25 Veterinarian (State) Announcer Director of Racing \$25 Paddock Judge Patrol Judge \$35 Tote Company Employee \$35 Track Auditor \$50 Identifier \$25 Veterinarian (Practicing) \$50 \$25 Office Personnel \$25 Assistant Racing Secretary \$25 Gate Attendant Pari-Mutuel Employee Racing Secretary Parimutuel Manager Registered Stable Name Assistant Trainer \$50 Groom \$25 \$25 \$25 Others not listed \$25 Authorized Agent \$25 Handicapper Photo Employee \$25 Security Staff \$25 Track Maintenance \$25 Horsemen's Bookkeeper Clerk of Scales \$25 \$25 Photo Manager \$25 Starter \$25 Track Superintendent \$25 Jockey's Agent \$35 Plater \$35 Starter Assistant \$25 Trainer Application \$50 Program (race) Employee \$25 \$25 Valet \$25 Chief of Security \$25 Owner-Trainer \$50 Steward Custodian Jockey's Room \$25 Owner, Lessor, Shareholder \$50 Program (race) Manager \$25 Tip Sheet Seller \$25 Veterinarian Assistant 1. LEGAL NAME YEARLY LICENSE Permittee TYPE OF LICENSE REQUESTED LAST FIRST MIDDLE PERLITEE OFFICIAL* AGENT (Authorized or Jockey) 2. NICKNAME, MAIDEN PONY RIDER PERSON EXERCISE RIDER NAME OR OTHER RACING SECRETARY ☐ HORSEMEN'S BOOKKEEPER * ☐ STABLE NAME 3. PERMANENT MAILING ADDRESS AT WHICH SERVICE OF JOCKEY PAPERS MAY BE MADE: STARTER JOCKEY - APPRENTICE TRAINER / ASST. MUTUEL OFFICIAL (Manager) * ☐ VETERINARIAN OUTRIDER VET ASSISTANT * TRAINER (STREET ADDRESS OR BOX NUMBER) VENDOR OWNER/TRAINER OTHER PLATER OFFICIAL CITY STATE ZIP ☐ ASSISTANT STARTER ☐ SECURITY/GATEMAN Track: Facility: PERMANENT PHONE ☐ GROOM * ☐ TECH SERVICE Trainer: Group: ■ MUTUEL EMPLOYEE * ☐ VENDOR EMPLOYEE* 4. EMAIL ADDRESS: Vendor: PERMITTEE EMPLOYEE * Position: 5. EMERGENCY CONTACT NAME & PHONE NUMBER **DUPLICATE LICENSE - \$10.00** ☐ Previous ID # 6. PERSONAL INFORMATION **OPTIONAL EMPLOYER'S SIGNATURE REQUIRED HERE: Driver License Number** X Social Security Number (REQUIRED FOR GROOM, HORSEMEN'S BOOKKEEPER, ALL Federal ID Number MUTUEL AND PERMITTEE OFFICIALS AND EMPLOYEES, VET ASSISTANTS AND VENDOR EMPLOYEES.) (If Applicable) ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL GENDER PLACE OF BIRTH AGE CITIZEN Y/N RACE COLOR COLOR CITY STATE D HGT WGT M,F

7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION TYPE OF OWNERSHIP INDIVIDUAL **CORPORATION *** PARTNERSHIP * (CIRCLE ONE) Name As It Appears On

(INDIVIDUAL, CORPORATION, PARTNERSHIP OR STABLE NAME)

STABLE *

(NOTE: ALL PARTNERS AND CORPORATE OFFICERS MUST OBTAIN AN OWNER'S LICENSE, THE STABLE AND/OR CORPORATION MUST ALSO BE LICENSED UNDER ITS NAME.) TRAINER(S) Name Name

Registration Papers

Partners/Corporate Officers

NAME(S) OF OWNERS FOR WHOM YOU TRAIN	EMPLOYEE(S)
NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	

9. HAVE YO	OU EVE	R BEEN, OR ARE YOU PRESE	NTLY LICENSED BY ANY F	RACING JURISDICT	ION?	YES NO			
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		R ARM 8.22.601 (1).	ONFIDENTIAL INFORMAT	ION IS GROUNDS P	OR TERMINATION AND OR	LICENSE			
		APPLICAN	T'S STATEMENT (ALL API	PLICANTS MUST RE	FAD & SIGN)				
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THE MON	TANA B	OARD OF HORSE RACING. I	HEREBY CERTIFY THAT I	HAVE READ THE F	OREGOING APPLICATION	AND AFFIRM THAT			
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		WITHDRAWN BY SAID MONT							
		OR OMISSIONS IN THE FOR							
	I AM A	UNITED STATES CITIZEN;							
	I AM A	QUALIFIED ALIEN under the	e Federal Immigration and	Naturalization Act	and I am lawfully present in	the United States			
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			OWNER'S I	NOTE: THIS APPLICAT	TION MUST BE SIGNED BY THE	OWNER IN PERSON			
					WHO SHALL ASSUME FULL RE ATIONS MADE HEREIN.	SPONSIBILITY			
IF APPLICANT IS UNDER THE AGE OF 18									
PARENT OR LEGAL GUARDIAN SIGNATURE(If Applicable)									
AGENT'S SIGNATURE									
	(If Applicable)								
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Make chec	ks paya	ble to: Montana Board of Ho	rse Racing						
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7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

(CIRCLE ONE)	INDIVIDUAL	CORPORATION *	PARTNERSHIP *	STABLE *
Name As It Appears On				
Registration Papers				
		(INDIVIDUAL, CORPORATION, P.	ARTNERSHIP OR STABLE NAME)
Partners/Corporate Officers				
7	*(NOTE: ALL PARTNERS AN	D CORPORATE OFFICERS N	JUST OBTAIN AN OWNER'S	LICENSE. THE STABLE
	AND/OR CORPORATION MU	ST ALSO BE LICENSED UND	DER ITS NAME.)	
TRAINER(S)	Name		Name	
			L	

8. TRAINER LICENSE APPLICANTS MUST COMPLETE THIS SECTION EMPLOYEE(S) NAME(S) OF OWNERS FOR WHOM YOU TRAIN (NOTE: ALL EMPLOYEES MUST OBTAIN A LICENSE)

9. HAVE YOU EVE	ER BEEN, OR ARE YOU PRESI	ENTLY LICENSED BY ANY RAC	ING JURISDICTI	ON?	YES NO
IF YOU ANSWER	ED "YES", PROVIDE THE MOS	ST CURRENT LICENSE INFORM	IATION IN THE S	PACE PROVIDED.	
STATE(S)	LICENSED AS	YEAR	STATE(S)	LICENSED AS	YEAR
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		CRIMINAL OFFENSE, WHETHE			YES NO
IF YOU ANSWER	ED <u>"YES",</u> PLEASE LIST ALL (CONVICTIONS (Except for traffi	c violations othe	er than DUI's)	
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MO YR	NATURE OF OFFENSE	TYPE OF ACTION TAKE	LAW ENFO	RCEMENT AUTHORITY OR COURT	STATE
			(CIT	Y AND COUNTY)	
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		ARD OF PROFESSIONAL CONI CONFIDENTIAL INFORMATION			
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	APPLICA	NT'S STATEMENT (ALL APPLIC	ANTS MUST RE	AD & SIGN)	
		SUANT TO THIS APPLICATION			
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I AM	A QUALIFIED ALIEN under the	ne Federal Immigration and Nat	uralization Act,,	and I am lawfully present in	the United States
Provide	A copy of your Passport / Visa / A	lien Registration document and wri	e the number & ex	piration date	
I AM N	<u>IOT</u> A UNITED STATES CITIZE	N & I will not be physically pre	sent in the Unite	d States during the time of	my licensure.
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Make checks pay	vable to: Montana Board of He	orse Racing			
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State of Montana	1,101,1	T 11	FOR	ROFFIC	E USE ONLY	,	R	ECEIPT		
Montana Board of Horse Racing					VA.00.000	LICENSE	FEE (S):			
P.O. Box 551 Corvallis, MT 59828			TE OF ISS	UE:						
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5. EMERGENCY CONTACT NAME & PHONE NUMBER					Position:					
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ALL INFORMATION BELOW	/ MUST BE FILLE	D OUT IN		HAIR/	EYE	GENDER	PLA	CE OF BIRTH		U.S.
AGE M D Y	HGT WGT	RAS		COLOR	COLOR	M,F	CITY		STATE	CITIZEN Y/N
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7. OWNER LICENSE APPLICA	ANTS MUST COM	PLETE T	HIS SECTIO	ÓN		w.m.				
TYPE OF OWNERSHIP (CIRCLE ONE) Name As It Appears On Registration Papers	IND	IVIDUAL	C	CORPORA	ATION *	PARTNERS	SHIP *	STA	ABLE *	
Partners/Corporate Officers		~	(INDIVID	OUAL, COR	PORATION, PART	NERSHIP OR ST	TABLE NAME)		
TRAINER(S)					OFFICERS MUS CENSED UNDER		OWNER'S	LICENSE.	THE STA	3LE
8. TRAINER LICENSE APPLIC	ANTS MUST COI	MPLETE	THIS SECT	ION						
NAME(S) OF OWNE	RS FOR WHOM	YOU TRA	IN			EMPL	OYEE(S)			
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9. HAVE YOU EVE	ER BEEN, OR ARE YOU PRESE	ENTLY LICENSED BY AN	Y RACING JURISDICTI	ON?	☐ YES ☐ NO
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STATE(S)	LICENSED AS	YEAR	STATE(S)	LICENSED AS	YEAR
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IF YOU ANSWERI	ED "YES", PLEASE EXPLAIN II	N THE SPACE PROVIDE	D.	2.27.1	
11 HAVE YOU EV	/ER BEEN CONVICTED OF A	PIMINAL OFFENSE WI	IETHER A MISDEMEAN	NOR OR FELONY?	☐ YES ☐ NO
	ED <u>"YES",</u> PLEASE LIST ALL C				
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MO YR	NATURE OF OFFENSE	TYPE OF ACTION T	AKE LAW ENFO	RCEMENT AUTHORITY	STATE
			(CIT	OR COURT Y AND COUNTY)	
			e		
	If Additional Space is	Needed a "CRIMINAL H	STORY SUPPLEMENT	"AL FORM" is Available	
		CERTIFICATION THAT M	Y ANSWERS ARE TRU	IF	
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MY ANSWERS A	RE TRUE AND ACCURATE. I	UNDERSTAND THAT FA	LSE ANSWERS OR D	ELIBERATELY OMITTED II	NFORMATION IN THIS
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		CONFIDENTIALI	TY STATEMENT		
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KNOW (HAVE SE	EN OR HEARD) AS A RESULT	OF MY EMPLOYMENT	AT THE TRACK. I REA	LIZE THE BOARD OF HOR	RSE RACING
	TO CONFORM TO A STANDA IAUTHORIZED RELEASE OF (
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	ANCE OF ANY LICENSE PUR: BOARD OF HORSE RACING. I				
	ENT CONTAINED THEREIN IS NG OF SAID LICENSE THAT T				
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I I AM	A UNITED STATES CITIZEN;	The second secon			
	A QUALIFIED ALIEN under th	e Federal Immigration a	nd Naturalization Act	and I am lawfully present i	n the United States
	A copy of your Passport / Visa / Al	_			
-	OT A UNITED STATES CITIZEI				f my licensure.
	CANTS SIGNATURE X		• •	•	
AFFLIC	ANTO SIGNATURE X			Dated:	S. District Agrand
		OWNER	S NOTE: THIS APPLICAT	ION MUST BE SIGNED BY THE	OWNER IN PERSON
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Make checks nav	able to: Montana Board of Ho	rse Racina	wy Commis	оюн Ехрива	
pay	Doard of No)	REVISED 05/01/2024

MONTANA LICENSE APPLICATION First Draft

State of Montana
Montana Board of Horse Racing
P.O. Box 551
Corvallis, MT 59828

(406) 369-1032
Website: https://commerce.mt.gov/Boards/
MBOHR/Board-of-Horse-Racing

FOR OFFI

PRINTS ON FILE:

DATE OF ISSUE:

LICENSE #:

ASSOCIATION:

FOR OFFICE USE ONLY	RECEIPT				
PRINTS ON FILE:	LICENSE FEE (S):				
DATE OF ISSUE:	TOTAL FEE (S):				
LICENSE #:					
ASSOCIATION:	PAID BY: CASH ☐ CHECK ☐ #:				
STEWARDS APPROVAL:	CLERK:				

PLEASE PRINT L	EGIBLY.	ANSWER A	ALL QUEST	IONS (& BACK	()	
1. LEGAL NAME			YEARLY LICENSE			
			TYI	PE OF LICENS	E REQUESTED	
LAST FIRST 2. NICKNAME, MAIDEN NAME OR OTHER NAME(S) 3. PERMANENT MAILING ADDRESS AT W	/HICH SERVICE (☐ AGENT (Au ☐ EXERCISE ☐ HORSEMEI ☐ JOCKEY	□ PERMITTEE OFFICIAL*□ PONY RIDER□ RACING SECRETARY□ ROPER			
PAPERS MAY BE MADE:			☐ JOCKEY — APPRENTICE ☐ STABLE NAME ☐ MUTUEL OFFICIAL (Manager) * ☐ STARTER ☐ OUTRIDER ☐ TRAINER / ASS ☐ OWNER (All or any Part) ☐ VETERINARIAN			
(STREET ADDRESS OR BOX NUMBER)			OWNER/TR	RAINER	☐ VET ASSISTANT * ☐ VENDOR	
CITY	STATE	ZIP				
() () PERMANENT PHONE# WORK #			☐ ASSISTANT STARTER Track: GROOM * Trainer:		SECURITY/GATEMAN Facility: TECH SERVICE Group:	
4. EMAIL ADDRESS:			☐ MUTUEL EMPLOYEE *			
5. EMERGENCY CONTACT NAME & PHONE NUMBER ()		The state of the s	E LICENSE - \$10		
6. PERSONAL INFORMATION			х			
Driver License Number State: Social Security Number Rederal JD Number	#	X	D FOR GROOM, HOR	RE REQUIRED HERE: SEMEN'S BOOKKEEPER, ALL FFICIALS AND EMPLOYEES,		
(K.Applicable)			VET	ASSISTANTS AND	VENDOR EMPLOYEES.)	
AL INFORMATION BELOW MUST BE FI	VGT RACE	HAIR COLOR	EYE		PLACE OF BIRTH U.S. CITIZEN CITY STATE Y/N	
7. OWNER LICENSE APPLICANTS MUST OF TYPE OF OWNERSHIP (CIRCLE ONE)	INDIVIDUAL	SECTION CORPOR	ATION *	PARTNERSHIP *	STABLE *	
Name As It Appears On Registration Papers		(INDIVIDUAL, CO	RPORATION. PARTI	NERSHIP OR STABLE N.	AME)	

IF YOU ANSWERED "YES", PROVIDE THE MOST CURRENT LICENSE INFORMATION IN THE SPACE PROVIDED. STATE(S)	9. HAVE	9. HAVE YOU EVER BEEN, OR ARE YOU PRESENTLY LICENSED BY ANY RACING JURISDICTION?							
16. ARE YOU PRESENTLY, OR HAVE YOU EVER BEEN FINED, SUSPENDED, SET DOWN, EJECTED FROM OR OTHERWISE BARRED FROM PRICING BY ANY RACING JURISDICTION? FYOU ANSWERED "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED. 11. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, WHETHER A MISDEMEANDR OR FELONY? FYOU ANSWERED "YES", PLEASE LIST ALL CORVICTIONS (Except for traffic violations other than DUTs) If Additional Space is Needed a "CRIMINAL HISTORY SUPPLEMENTAL FORM" IS Available CERTIFICATION THAT MY AMSWERS ARE TRUE IN A STATE OF OFFENSE TYPE OF ACTION TAKE LAW ENFORCEMENT AUTHORITY OR COUNTY) If Additional Space is Needed a "CRIMINAL HISTORY SUPPLEMENTAL FORM" IS Available CERTIFICATION THAT MY AMSWERS ARE TRUE IN AN ENGRE ARE TRUE AND ACCIDATE. IN AN ENFORCEMENT AND ACCIDATE. IN AN ENGRE ARE TRUE AND ACCIDATE. IN AN ENGRE ARE TRUE AND ACCIDATE. IN AN ANGE WHIEL PERFORMING MY DUTES AT MONTAND TRACK(S), INFL. HAVE ACCESS TO PRIVATE AND CONFIDENTIAL. INFORMATION, ELECTROPY IN THAT THE PRIVATE AND ACCIDATE. IN AN ANABLE WHIEL PERFORMING MY DUTES AT MONTAND TRACK(S), INFL. HAVE ACCESS TO PRIVATE AND CONFIDENTIAL. INFORMATION, BUTCH NOT AND ACCIDENT TO PERSONAL INFORMATION, ELECTROPY IN THE TRUE THAT AND ACCIDENT TO PERSONAL INFORMATION. AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION, ELECTROPY IN THE ACCIDANT TO PERSONAL INFORMATION. AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION. AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION. AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION AND THE NOT AND THE ACCIDANT TO PERSONAL INFORMATION AND THE ACCIDANT OF PERSONAL INFORMATION AND THE PERS	IF YOU ANSWERED "YES", PROVIDE THE MOST CURRENT LICENSE INFORMATION IN THE SPACE PROVIDED.								
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