

MONTANA LICENSE APPLICATION

4 Latest draft

State of Montana
 Montana Board of Horse Racing
 P.O. Box 551
 Corvallis, MT 59828
 (406) 841-2705 *2725*
 (406) 369-1032
 Website: <https://commerce.mt.gov/Boards/MBOHR/Board-of-Horse-Racing/>

FOR OFFICE USE ONLY		RECEIPT	
DATE OF ISSUE:	LICENSE FEE (S):		
LICENSE #:	TOTAL FEE (S):		
STEWARDS APPROVAL:		PAID BY: CASH <input type="checkbox"/>	CHECK <input type="checkbox"/> #:
CLERK:			

Announcer \$25	Director of Racing \$25	Paddock Judge \$25	Patrol Judge \$25	Timer/Clocker \$25	Veterinarian (State) \$50
Assistant Racing Secretary \$25	Gate Attendant \$25	Pari-Mutuel Employee \$15	Racing Secretary \$35	Tote Company Employee \$25	Veterinarian (Practicing) \$50
Assistant Trainer \$50	Groom \$25	Parimutuel Manager \$25	Registered Stable Name \$35	Track Auditor \$50	Identifier \$25
Authorized Agent \$25	Handicapper \$30	Photo Employee \$25	Security Staff \$25	Track Maintenance \$25	Office Personnel \$25
Clerk of Scales \$25	Horsemen's Bookkeeper \$25	Photo Manager \$25	Starter \$25	Track Superintendent \$25	Others not listed \$25
Chart Company Employee \$25	Jockey's Agent \$35	Plater \$35	Starter Assistant \$35	Trainer Application \$25	
Chief of Security \$25	Owner-Trainer \$50	Program (race) Employee \$25	Steward \$25	Valet \$25	
Custodian Jockey's Room \$25	Owner, Lessor, Shareholder \$50	Program (race) Manager \$25	Tip Sheet Seller \$25	Veterinarian Assistant \$25	

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(STREET ADDRESS OR BOX NUMBER)

CITY	STATE	ZIP
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() PERMANENT PHONE# () WORK #

4. EMAIL ADDRESS:

5. EMERGENCY CONTACT NAME & PHONE NUMBER

6. PERSONAL INFORMATION OPTIONAL

Driver License Number State: _____ # _____

Social Security Number _____ - ____ - ____

Federal ID Number (If Applicable) _____ - ____ - _____

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

AGE	DATE OF BIRTH			HAIR COLOR	EYE COLOR	GENDER	PLACE OF BIRTH		U.S. CITIZEN Y/N
	M	D	Y				CITY	STATE	

7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

TYPE OF OWNERSHIP (CIRCLE ONE)	INDIVIDUAL	CORPORATION *	PARTNERSHIP *	STABLE *
Name As It Appears On Registration Papers	(INDIVIDUAL, CORPORATION, PARTNERSHIP OR STABLE NAME)			
Partners/Corporate Officers	*(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		

8. TRAINER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

NAME(S) OF OWNERS FOR WHOM YOU TRAIN	EMPLOYEE(S)
(NOTE: ALL EMPLOYEES MUST OBTAIN A LICENSE)	

YEARLY LICENSE

TYPE OF LICENSE REQUESTED

<input type="checkbox"/> AGENT (Authorized or Jockey)	<input type="checkbox"/> PERMITEE OFFICIAL* <i>Permittee</i>
<input type="checkbox"/> EXERCISE RIDER	<input type="checkbox"/> PONY RIDER <i>Person</i>
<input type="checkbox"/> HORSEMEN'S BOOKKEEPER *	<input type="checkbox"/> RACING SECRETARY
<input type="checkbox"/> JOCKEY	<input type="checkbox"/> STABLE NAME
<input type="checkbox"/> JOCKEY - APPRENTICE	<input type="checkbox"/> STARTER
<input type="checkbox"/> MUTUEL OFFICIAL (Manager) *	<input type="checkbox"/> TRAINER / ASST.
<input type="checkbox"/> OUTRIDER	<input type="checkbox"/> VETERINARIAN
<input type="checkbox"/> TRAINER	<input type="checkbox"/> VET ASSISTANT *
<input type="checkbox"/> OWNER/TRAINER	<input type="checkbox"/> VENDOR
<input type="checkbox"/> PLATER	<input type="checkbox"/> OTHER
<input type="checkbox"/> OFFICIAL _____	

<input type="checkbox"/> ASSISTANT STARTER	<input type="checkbox"/> SECURITY/GATEMAN
Track: _____	Facility: _____
<input type="checkbox"/> GROOM *	<input type="checkbox"/> TECH SERVICE
Trainer: _____	Group: _____
<input type="checkbox"/> MUTUEL EMPLOYEE *	<input type="checkbox"/> VENDOR EMPLOYEE *
Facility: _____	Vendor: _____
<input type="checkbox"/> PERMITTEE EMPLOYEE *	
Position: _____	

DUPLICATE LICENSE - \$10.00

Previous ID # _____

*** EMPLOYER'S SIGNATURE REQUIRED HERE:**

X

(REQUIRED FOR GROOM, HORSEMEN'S BOOKKEEPER, ALL MUTUEL AND PERMITTEE OFFICIALS AND EMPLOYEES, VET ASSISTANTS AND VENDOR EMPLOYEES.)

Must Complete Back Page & Sign

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9. HAVE YOU EVER BEEN, OR ARE YOU PRESENTLY LICENSED BY ANY RACING JURISDICTION? YES NO

IF YOU ANSWERED "YES", PROVIDE THE MOST CURRENT LICENSE INFORMATION IN THE SPACE PROVIDED.

STATE(S)	LICENSED AS	YEAR	STATE(S)	LICENSED AS	YEAR

10. ARE YOU PRESENTLY, OR HAVE YOU EVER BEEN FINED, SUSPENDED, SET DOWN, EJECTED FROM OR OTHERWISE BARRED FROM RACING BY ANY RACING JURISDICTION? YES NO

IF YOU ANSWERED "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED.

11. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, WHETHER A MISDEMEANOR OR FELONY? YES NO

IF YOU ANSWERED "YES", PLEASE LIST ALL CONVICTIONS (Except for traffic violations other than DUI's)

DATE		NATURE OF OFFENSE	TYPE OF ACTION TAKE	LAW ENFORCEMENT AUTHORITY OR COURT (CITY AND COUNTY)	STATE
MO	YR				

If Additional Space is Needed a "CRIMINAL HISTORY SUPPLEMENTAL FORM" is Available

CERTIFICATION THAT MY ANSWERS ARE TRUE

I HAVE READ EACH QUESTION ASKED OF ME AND UNDERSTAND EACH QUESTION AND CERTIFY UNDER PENALTY OF PERJURY THAT MY ANSWERS ARE TRUE AND ACCURATE. I UNDERSTAND THAT FALSE ANSWERS OR DELIBERATELY OMITTED INFORMATION IN THIS APPLICATION ARE GROUNDS FOR DENIAL OF APPLICATION FOR GAMING LICENSE AND MAY RESULT IN PROSECUTION FOR VIOLATION OF APPROPRIATE ADMINISTRATIVE RULES AND/OR STATE STATUTES.

CONFIDENTIALITY STATEMENT

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- I AM A UNITED STATES CITIZEN;
- I AM A QUALIFIED ALIEN under the Federal Immigration and Naturalization Act,, and I am lawfully present in the United States
Provide A copy of your Passport / Visa / Alien Registration document and write the number & expiration date _____
- I AM NOT A UNITED STATES CITIZEN & I will not be physically present in the United States during the time of my licensure.
- APPLICANTS SIGNATURE X _____ Dated: _____

OWNER'S NOTE: THIS APPLICATION MUST BE SIGNED BY THE OWNER IN PERSON OR BY HIS DULY AUTHORIZED AGENT WHO SHALL ASSUME FULL RESPONSIBILITY FOR THE STATEMENTS AND PRESENTATIONS MADE HEREIN.

IF APPLICANT IS UNDER THE AGE OF 18
PARENT OR LEGAL GUARDIAN SIGNATURE _____
(If Applicable)

AGENT'S SIGNATURE _____
(If Applicable)

NOTARY REQUIRED FOR AUTHORIZED AGENT APPLICATION

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____

(SEAL)

Notary Public for the State of Montana

Residing at _____

My Commission Expires _____

Make checks payable to: Montana Board of Horse Racing

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Social Security Number --- --- ---

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<input type="checkbox"/> TRAINER	<input type="checkbox"/> VETERINARIAN
<input type="checkbox"/> OWNER/TRAINER	<input type="checkbox"/> VET ASSISTANT *
<input type="checkbox"/> PLATER	<input type="checkbox"/> VENDOR
<input checked="" type="checkbox"/> Official	<input checked="" type="checkbox"/> OTHER
<input type="checkbox"/> ASSISTANT STARTER	<input type="checkbox"/> SECURITY/GATEMAN
Track: _____	Facility: _____
<input type="checkbox"/> GROOM *	<input type="checkbox"/> TECH SERVICE
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 Montana Board of Horse Racing
 P.O. Box 551
 Corvallis, MT 59828
~~(406) 961-5422~~
 (406) 369-1032
 Website: <https://commerce.mt.gov/Boards/MBOHR/Board-of-Horse-Racing>

FOR OFFICE USE ONLY

RECEIPT

PRINTS ON FILE	LICENSE FEE (\$):
DATE OF ISSUE:	TOTAL FEE (\$):
LICENSE #:	
ASSOCIATION:	PAID BY: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> #:
STEWARDS APPROVAL:	CLERK:

PLEASE PRINT LEGIBLY. ANSWER ALL QUESTIONS (& BACK)

1. LEGAL NAME

LAST	FIRST	MIDDLE
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2. NICKNAME, MAIDEN NAME OR OTHER NAME(S)

3. PERMANENT MAILING ADDRESS AT WHICH SERVICE OF PAPERS MAY BE MADE:

(STREET ADDRESS OR BOX NUMBER)

CITY	STATE	ZIP
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() ()
 PERMANENT PHONE# WORK#

4. EMAIL ADDRESS:

5. EMERGENCY CONTACT NAME & PHONE NUMBER

6. PERSONAL INFORMATION

Driver License Number State: _____ # _____

Social Security Number _____ - - - - -

Federal ID Number (if Applicable) _____ - - - - -

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

AGE	DATE OF BIRTH			HGT	WGT	RACE	HAIR	EYE	GENDER	PLACE OF BIRTH		U.S. CITIZEN Y/N
	M	D	Y				COLOR	COLOR	M,F	CITY	STATE	

7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

TYPE OF OWNERSHIP (CIRCLE ONE)	INDIVIDUAL	CORPORATION *	PARTNERSHIP *	STABLE *
Name As It Appears On Registration Papers				
(INDIVIDUAL, CORPORATION, PARTNERSHIP OR STABLE NAME)				

YEARLY LICENSE

TYPE OF LICENSE REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> AGENT (Authorized or Jockey) | <input type="checkbox"/> PERMITEE OFFICIAL* |
| <input type="checkbox"/> EXERCISE RIDER | <input type="checkbox"/> PONY RIDER |
| <input type="checkbox"/> HORSEMEN'S BOOKKEEPER * | <input type="checkbox"/> RACING SECRETARY |
| <input type="checkbox"/> JOCKEY | <input type="checkbox"/> ROPER |
| <input type="checkbox"/> JOCKEY - APPRENTICE | <input type="checkbox"/> STABLE NAME |
| <input type="checkbox"/> MUTUEL OFFICIAL (Manager) * | <input type="checkbox"/> STARTER |
| <input type="checkbox"/> OUTRIDER | <input type="checkbox"/> TRAINER / ASST. |
| <input type="checkbox"/> OWNER (All or any Part) | <input type="checkbox"/> VETERINARIAN |
| <input type="checkbox"/> OWNER/TRAINER | <input type="checkbox"/> VET ASSISTANT * |
| <input type="checkbox"/> PLATER | <input type="checkbox"/> VENDOR |
- TRAINER*
- | | |
|--|---|
| <input type="checkbox"/> ASSISTANT STARTER | <input type="checkbox"/> SECURITY/GATEMAN |
| Track: _____ | Facility: _____ |
| <input type="checkbox"/> GROOM * | <input type="checkbox"/> TECH SERVICE |
| Trainer: _____ | Group: _____ |
| <input type="checkbox"/> MUTUEL EMPLOYEE * | <input type="checkbox"/> VENDOR EMPLOYEE* |
| Facility: _____ | Vendor: _____ |
| <input type="checkbox"/> PERMITEE EMPLOYEE * | |
| Position: _____ | |

DUPLICATE LICENSE - \$10.00

Previous ID # _____

* EMPLOYER'S SIGNATURE REQUIRED HERE:

X

(REQUIRED FOR GROOM, HORSEMEN'S BOOKKEEPER, ALL MUTUEL AND PERMITEE OFFICIALS AND EMPLOYEES, VET ASSISTANTS AND VENDOR EMPLOYEES.)

MONTANA LICENSE APPLICATION

9. HAVE YOU EVER BEEN, OR ARE YOU PRESENTLY LICENSED BY ANY RACING JURISDICTION? YES NO

IF YOU ANSWERED "**YES**", PROVIDE THE MOST CURRENT LICENSE INFORMATION IN THE SPACE PROVIDED.

STATE(S)	LICENSED AS	YEAR	STATE(S)	LICENSED AS	YEAR

10. ARE YOU PRESENTLY, OR HAVE YOU EVER BEEN FINED, SUSPENDED, SET DOWN, EJECTED FROM OR OTHERWISE BARRED FROM RACING BY ANY RACING JURISDICTION? YES NO

IF YOU ANSWERED "**YES**", PLEASE EXPLAIN IN THE SPACE PROVIDED.

11. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, WHETHER A MISDEMEANOR OR FELONY? YES NO

IF YOU ANSWERED "**YES**", PLEASE LIST ALL CONVICTIONS (*Except for traffic violations other than DUI's*)

DATE		NATURE OF OFFENSE	TYPE OF ACTION TAKE	LAW ENFORCEMENT AUTHORITY OR COURT (CITY AND COUNTY)	STATE
MO	YR				

If Additional Space is Needed a "CRIMINAL HISTORY SUPPLEMENTAL FORM" is Available

CERTIFICATION THAT MY ANSWERS ARE TRUE

I HAVE READ EACH QUESTION ASKED OF ME AND UNDERSTAND EACH QUESTION AND CERTIFY UNDER PENALTY OF PERJURY THAT MY ANSWERS ARE TRUE AND ACCURATE. I UNDERSTAND THAT FALSE ANSWERS OR DELIBERATELY OMITTED INFORMATION IN THIS APPLICATION ARE GROUNDS FOR DENIAL OF APPLICATION FOR GAMING LICENSE AND MAY RESULT IN PROSECUTION FOR VIOLATION OF APPROPRIATE ADMINISTRATIVE RULES AND/OR STATE STATUTES.

CONFIDENTIALITY STATEMENT

I AM AWARE WHILE PERFORMING MY DUTIES AT MONTANA TRACK(S), I WILL HAVE ACCESS TO PRIVATE AND CONFIDENTIAL INFORMATION. SUCH INFORMATION INCLUDES BUT IS NOT LIMITED TO PERSONAL INFORMATION, CLAIMING INFORMATION, ENTRIES, FINANCIAL INFORMATION, HEARINGS, FINES, COMPLAINTS, PROPOSED DISCIPLINARY ACTIONS, ETC., AND IS DEFINED AS ANYTHING I KNOW (HAVE SEEN OR HEARD) AS A RESULT OF MY EMPLOYMENT AT THE TRACK. I REALIZE THE BOARD OF HORSE RACING DEPENDS ON ME TO CONFORM TO A STANDARD OF PROFESSIONAL CONFIDENCE. I WILL HONOR THIS TRUST PLACED IN ME AND AM AWARE THAT UNAUTHORIZED RELEASE OF CONFIDENTIAL INFORMATION IS GROUNDS FOR TERMINATION AND OR LICENSE DISCIPLINE AS PER ARM 8.22.601 (1).

APPLICANT'S STATEMENT (ALL APPLICANTS MUST READ & SIGN)

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.

- I AM A UNITED STATES CITIZEN;
- I AM A QUALIFIED ALIEN under the Federal Immigration and Naturalization Act,, and I am lawfully present in the United States
Provide A copy of your Passport / Visa / Alien Registration document and write the number & expiration date _____
- I AM NOT A UNITED STATES CITIZEN & I will not be physically present in the United States during the time of my licensure.

APPLICANTS SIGNATURE X _____ Dated: _____