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):

PAID BY: CASH ☐ CHECK ☐ #:

STEWARDS APPROVAL: 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	Office Personnel	$25
Authorized Agent	$25	Handicapper	$30	Photo Employee	$25	Security Staff	$25	Track Maintenance	$25	Others not listed	$25
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CITY STATE ZIP

( ) ( )
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5. EMERGENCY CONTACT NAME & PHONE NUMBER ( )

6. PERSONAL INFORMATION ***OPTIONAL***

Driver License Number State: _____ # _____

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

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

YEARLY LICENSE

TYPE OF LICENSE REQUESTED

- ☐ AGENT (Authorized or Jockey)
- ☐ EXERCISE RIDER
- ☐ HORSEMEN'S BOOKKEEPER *
- ☐ JOCKEY
- ☐ JOCKEY – APPRENTICE
- ☐ MUTUEL OFFICIAL (Manager) *
- ☐ OUTRIDER
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- ☐ OWNER/TRAINER
- ☐ PLATER
- ☐ OFFICIAL _____
- ☐ ~~PERMITTEE~~ OFFICIAL* Permittee
- ☐ PONY ~~RIDER~~ Person
- ☐ RACING SECRETARY
- ☐ STABLE NAME
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- ☐ OTHER _____

- ☐ ASSISTANT STARTER Track: _____
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DUPLICATE LICENSE - $10.00
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*** EMPLOYER'S SIGNATURE REQUIRED HERE:**

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

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

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

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)

Must Complete Back Page & Sign

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.

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

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SUBSCRIBED AND SWORN to before me this_____day of_____, _____

(SEAL)

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Notary Public for the State of Montana

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Residing at

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Make checks payable to: Montana Board of Horse Racing

REVISED 05/01/2024

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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

REVISED 05/01/2024

MONTANA LICENSE APPLICATION 2

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MONTANA LICENSE APPLICATION

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(If Applicable)

NOTARY REQURIED 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

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) 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 (S):

DATE OF ISSUE: TOTAL FEE (S):

LICENSE #:

ASSOCIATION: PAID BY: CASH ☐ CHECK ☐ #:

STEWARDS APPROVAL: CLERK:

PLEASE PRINT LEGIBLY. ANSWER ALL QUESTIONS (& BACK)

1. LEGAL NAME

LAST **FIRST** **MIDDLE**

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**

( ) 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) _____ ---- _____

YEARLY LICENSE

TYPE OF LICENSE REQUESTED

- ☐ AGENT (Authorized or Jockey)
- ☐ EXERCISE RIDER
- ☐ HORSEMEN'S BOOKKEEPER *
- ☐ JOCKEY
- ☐ JOCKEY – APPRENTICE
- ☐ MUTUEL OFFICIAL (Manager) *
- ☐ OUTRIDER
- ☐ OWNER (All or any Part)
- ☐ OWNER/TRAINER
- ☐ PLATER
- ☐ PERMITTEE OFFICIAL*
- ☐ PONY RIDER
- ☐ RACING SECRETARY
- ☐ ROPER
- ☐ STABLE NAME
- ☐ STARTER
- ☐ TRAINER / ASST. TRAINER
- ☐ VETERINARIAN
- ☐ VET ASSISTANT *
- ☐ VENDOR

- ☐ ASSISTANT STARTER Track: _____
- ☐ GROOM * Trainer: _____
- ☐ MUTUEL EMPLOYEE * Facility: _____
- ☐ PERMITTEE EMPLOYEE * Position: _____
- ☐ SECURITY/GATEMAN Facility: _____
- ☐ TECH SERVICE Group: _____
- ☐ VENDOR EMPLOYEE* Vendor: _____

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.)

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

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

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)			

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 WHIEL PERFORMING MY DUITES AT MONTANA TRACK(S), I WILL HAVE ACCESS TO PRIVATE AND CONFIDENTIAL INFORMATON. 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:** _____