State of Montana

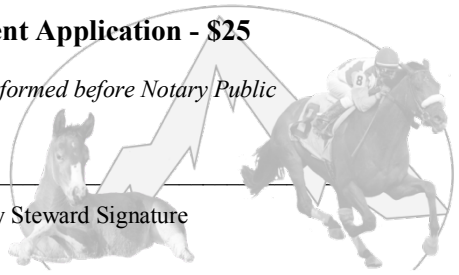
Montana Board of Horse Racing
Montana Department of Commerce
Attention DO Accounting
301 S Park Ave.
Helena, MT 59620
406-841-2725

License #: _____

Check# or Cash; _____

Authorized Agent Application - $25

Signatures must be performed before Notary Public



_____

Approved by Steward Signature

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

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. Have you been employed in a similar capacity in any other state? ☐ Yes or ☐ No. If 'Yes', list the three (3) **most recent** years and states: _____

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. Has there ever been an adverse ruling against you by any racing jurisdiction? ☐ Yes or ☐ No. If 'Yes', list the ruling(s):

_____

In making this application for a license to participate in horse racing in Montana, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

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.

Sworn to before me this

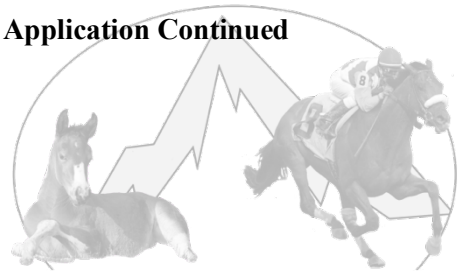
_____ day of _____ 20____. _____
Signature of Applicant

_____
Notary Public

(Appointer Must Fill Out Reverse Side Of Application)

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

Authorized Agent Application Continued



This Side Of Application To Be Filled Out By Appointer Only

13. I hereby appoint (please print) _____
Name of Person

14. Address: _____
Street Address City State Zip Code

15. Mailing Address: _____
(Only if different) Street Address City State Zip Code

16. Telephone: _____

to act as my authorized agent for the time of starting date: _____ and ending on the date of _____ in all matters pertaining to the racing of my horses under the rules, regulations and conditions of the Montana Board of Horse Racing and the laws of the state of Montana, and I do hereby authorize my said agent to act for me, subject to the following limitations:

_____
_____
_____
_____
_____

It is hereby understood that I assume full responsibility for the acts of my said authorized agent in connection with the authority.

_____
Signature of Appointer

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

_____
Notary Public for the State of Montana

_____
Residing at

_____
My commission expires

(Seal or Stamp)

This Side Of Application To Be Filled Out By Appointer Only