State of Montana

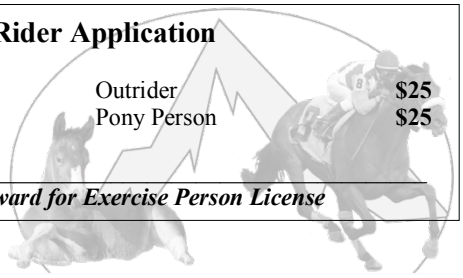
Montana Board of Horse Racing
Montana Department of Commerce
Attention DO Accounting
301 S Park Ave.
Helena, MT 59620
406-841-2725

License #:
_____

Check# or Cash;
_____

Occupational Rider Application

Exercise Person	**$25**	Outrider	**$25**
(Must be approved by Steward)		Pony Person	**$25**



_____
Signature of Approval by Steward for Exercise Person License

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

1. List license type(s) applying for: _____

2. Name: _____
First Middle Last

3. Address: _____
Street Address City State Zip Code

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

5. Social Security: _____ **6.** Telephone: _____

7. Date of birth: _____ **8.** Place of birth: _____
City & State

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. 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: _____

_____

_____

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the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

14. Print Name:_____ **15.** Email Address: _____

16. Signature: _____ **17.** Date: _____