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; _____

Owner-Trainer Application - $50

(Must be approved by Steward)

_____

Signature of Approval by Steward for Owner-Trainer

Incomplete/inaccurate applications will not be processed! Fill in required information. ** MUST BE 18 YEARS OR OLDER *

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. 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:

_____

_____

9. List **all** suspensions, fines or other rulings against you in the three (3) **most recent** years. (Use the back if needed). _____

_____

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 as a trainer? ☐ Yes or ☐ No. If 'No', have you successfully passed the trainer's exam for Montana? ☐ Yes or ☐ No. If 'Yes', what year did you take the trainer's exam? _____

13. 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: _____

_____

14. 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: _____

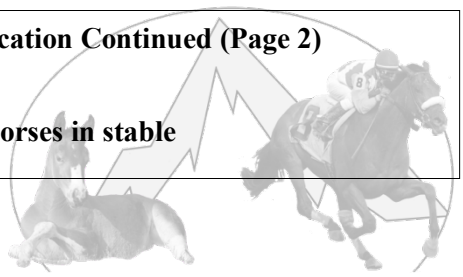
_____

Continue application on page 2

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

Owner - Trainer Application Continued (Page 2)

Listing of horses in stable



15. List SIX (6) horses you are currently training that will be racing in Montana ***this year***. If you have LESS than SIX (6) horses, list ALL horses you are currently training. Please include age, sex and owner's name.

Horse Name	**Age**	**Sex**	**Owner's Name**

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.

16. Print Name:_____ **17.** Email Address: _____

18. Signature: _____ **19.** Date: _____