OCCUPATIONAL LICENSE APPLICATION

Oklahoma Horse Racing Commission

One Remington Place-Building B, Oklahoma City, Ok 73111

Check appropriate box: ☐New ☐Renewal ☐1 Year ☐3 Years

RP- Phone:(405) 419-4441 | WRD- Phone-(918) 283-8889

OHRCLICENSING@OHRC.OK.GOV

WRD.FMTLICENSING@OHRC.OK.GOV

Please print in ink or type. ANSWER ALL QUESTIONS- 2 Fingerprint Cards Needed

Need front & back copy of *ID/DL/ PASSPORT/VISA/PERMANENT RESIDENT CARD

MAKE CHECK/ MONEY ORDER PAYABLE TO: OHRC

ONE APPLICATION PER CATEGORY/POSITION*

A SEPARATE PAYMENT FOR FINGERPRINT PROCESSING OF $55 FOR CARDSTOCK, $41 FOR DIGITAL, OR $15 FOR NAMECHECKS REQUIRED

✦✦ OFFICE USE ONLY ✦✦

Steward Approval. _____ Rulings: YES NO

License Receipt #: _____ CC Rec#: _____

Today's Date: ____/____/____ Exp: _____

☐ Cash ☐ C.C ☐Check/Money Order No._____

FP Date: ____/____/____ ☐ Cards (2)

☐ FP Waived ☐ Under 18 ☐ Over 70

☐ W.C Waived _____ Clerk: _____

☐ Worker's Comp Expiration _____

Group A: →→→→→→→→→→

Annual $100 **3yr $300**

☐ Owner ☐ Trainer ☐ Owner/ Trainer
☐ Veterinarian ☐ Blacksmith ☐ Jockey ☐ Other (specify): _____ **BSA**

Group B: Annual Only $90 ↓

- ☐ Apprentice Jockey
- ☐ Asst. Trainer
- ☐ Owner/Asst. trainer
- ☐ Jockey Agent
- ☐ Authorized Agent
- ☐ Racing Official
- ☐ Track Management
- ☐ Bloodstock Agent

Group C: Annual Only: **$50.00** ↓

- ☐ Groom/ Hotwalker
- ☐ Vet Assistant
- ☐ Exercise Rider
- ☐ Horse Industry Rep
- ☐ Asst Racing Official
- ☐ Auth. Agent affidavit
- ☐ Jockey Affidavit
- ☐ Pony Rider
- ☐ Admin
- ☐ Outrider
- ☐ Security

If you will employ workers

PLEASE PROVIDE THE FOLLOWING

☐ WORKERS COMP INSURANCE

Need Employer Signatures- OTHERS

Groom - Vet Asst
Hotwalker - Security
Asst Trainer - Racing Official
Exercise Rider - Blacksmith Asst
Owner/Asst Trainer

✦ OFFICE USE ONLY✦

OHRC Badge NO: _____

Jockey Scat6 Date: _____

Jockey Physical Date: _____

Agent Approved: _____

License Replacement $15.00

(Original fee for additional license)

☐ License Replacement

▶ If horse is **NOT** running under your **NAME**, attach a Partnership App.

SECTION 1. APPLICANT INFORMATION (fill out all areas)

Full Legal Name *(print)* - **First:**	Middle:	Maiden Name:	
Last Name *(print)* :		**Alias/Nickname** *(print)*:	
Mailing Address:	City:	State:	Zip Code:
Phone Number(s) – Home #:	Cell #:	Message #:	
Social Security Number:	**Age:**	**Date of Birth:**	**Sex:** ☐Female ☐Male
Driver's License Number & State:	**Race:**	**Height:**	**Weight:** / **Eye Color:**
Are you currently practicing veterinary medicine in Oklahoma? YES NO Vet License # _____ Expires: _____			
Place of Birth – City:	State:	Country:	
HISA Registration Number:			
Email Address:			

Spouse's Name (spouse pass only) – First: Middle:

Last:

SPOUSE/PARENT/LEGAL GUARDIAN: By signing below, the Spouse or Parent/Legal Guardian gives permission for the licensure and accepts full responsibility of such licensure. ☐ **Spouse** ☐ **Parent** ☐ **Legal Guardian**

Full Name (print): _____ SSN: _____ Date of Birth: _____

SECTION 2. VEHICLE INFORMATION REQUIRED

VEHICLE: YES or NO	MAKE:	COLOR:
STATE REGISTERED:	MODEL:	
YEAR:	TRAILER TAG:	

SECTION 3. STATEMENT OF OWNERSHIP/ PLEASE INCLUDE A COPY OF THE REGISTRATION DOCUMENT

Horse's Name	Breed	Own/Train	Trainer's Full Name	Ownership Name on Certificate of Registration	Leased?
	TB QH PT AP				YES NO
	TB QH PT AP				YES NO

Will any of your horses run under any other entity other than yourself? ☐ YES ☐ NO

ALL PARTNERS AND CORPORATE OFFICERS MUST OBTAIN AN OWNER'S LICENSE. THE STABLE AND/OR CORPORATION MUST ALSO BE LICENSED UNDER ITS OWN NAME BY FILLING OUT A SEPARATE PARTNERSHIP APPLICATION WITH A FEE OF $10.00.

▶ Attach Secretary of State Certificate of Registration and any document(s) pertaining to the Ownership of the entity.

SECTION 4. BACKGROUND

☐ Yes ☐ No	a) Have you ever been convicted of or plead guilty/ no contest to any felony or drug related crime. If yes, include all dates, counties, states, offenses, and sentences.
☐ Yes ☐ No	b) Are you currently on <u>any</u> type of probation, parole, supervised release, or suspended sentence for a felony or misdemeanor offense? If yes, explain:
☐ Yes ☐ No	c) Do you currently have any outstanding criminal charges/warrants pending against you? If yes, please provide the date(s) of arrest, list of charge(s), final disposition(s) (if any)
☐ Yes ☐ No	d) Have you ever participated in unsanctioned racing?
☐ Yes ☐ No	e) Has your spouse ever been banned or suspended from participating in ANY racing jurisdictions or racetrack? If yes explain:

☐ Yes ☐ No	a) Have you ever been ejected, expelled, excluded or denied privileges by any racetrack? If yes, explain:
☐ Yes ☐ No	b) Do you have any outstanding fines with the OHRC or any other Racing Jurisdictions? If yes, list the outstanding amount(s) & jurisdiction(s):
☐ Yes ☐ No	c) Have you ever been found guilty of any fraud or misrepresentation in connection with racing Jurisdiction?
☐ Yes ☐ No	d) Are you an Owner/ past Owner/ employee of any wagering or gambling establishment? If yes explain:
☐ Yes ☐ No	e) Has your license ever been suspended, denied, revoked, or is any complaint pending against you in any racing jurisdiction? If yes, explain:
☐ Yes ☐ No	f) Have you ever held a horse racing license in any other racing jurisdiction: If yes, list the State, Year, and License type:

SECTION 5. WORKERS' COMPENSATION ACT COMPLIANCE / RESPONSIBILITY STATEMENT -- *ALL APPLICANTS MUST ANSWER*

▶ YES NO Do you employ any person(s) within the racetrack enclosure at any OHRC-Licensed racetrack?

If "YES", provide the following details and attach a copy of the Certificate(s) of Insurance to this application. **Insurance Company:** _____,

Agent: _____, **Agent's area code and phone:**_____, **Policy number:**_____,

Expires: _____, **list all employees and their occupations at OHRC-licensed racetracks covered by the insurance above (attach additional sheet if necessary:)** _____

▶ _____ ◀ ALL APPLICANTS MUST READ & SIGN

APPLICANT'S SIGNATURE

(Attach an affidavit) SECTION 6. JOCKEY AGENT or AUTHORIZED AGENT APPLICANTS *(Attach additional sheet if necessary)*

Name of Client	Client's type of license	Representation Beginning Date	Representation Ending Date
			12-31-
			12-31-

SECTION 7. ALL VENDOR or CIVIC ORGANIZATION APPLICANTS

I am the responsible licensee for _____ **and affirm that all applicable city, county, state and federal requirements. Including but**
(Company or Organization)
not limited to licenses and permits for conducting business by me and the above-named company, have been obtained and the applicable license(s) to Market all products and/or services offered by us.

SECTION 8. EMPLOYEES (EMPLOYER MUST SIGN)

Print Employers Name: _____ **Print Company Name:** _____

I HEREBY CERTIFY THAT APPLICANT IS EMPLOYED BY ME: *I am the employer of this license applicant and evidence of Workers' Compensation Insurance or other self-insurance coverage is attached hereto which provides evidence of security for liability for such employee OR I have previously filed such evidence with the OHRC providing coverage for the employee and I have submitted This employee's name to the OHRC OR I have signed the OHRC Waiver of Responsibility Statement certifying that the employee does not subject me to liability under the Workers' Compensation Laws of Oklahom*

▶ **Employer Signature (First & Last):** _____

SECTION 9. COMPLIANCE STATEMENT- *ALL APPLICANTS MUST SIGN*

Please be accurate in answering the following questions. Providing false information is subject to suspension and/or denial of your license. Answer yes or no. If your answer is 'yes', YOU MUST provide an explanation in additional space and/or sheet of paper. Failure to provide court documentation will delay license approval.

By acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission (OHRC); the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and agree to permit personnel of the OHRC to search my vehicle(s), any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission Rules. I further agree to permit personnel of the OHRC to remove from the above-listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from OHRC for all items the us removed. I further understand that any items removed by the OHRC may be used in a court of law or Board of Stewards Hearing during a criminal prosecution or an administrative proceeding. I am giving this written permission to the OHRC freely and voluntarily.

I hereby request and authorize the OHRC to conduct an official investigation of my personal history and background. I understand that any investigation, the application and any information submitted with relation to my application, are subject to the Open Records Act of Oklahoma and should be treated in accordance with such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access, nor reasonable expectation that this information will be kept from public access. I understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI) for a Criminal Records Report. I understand that I have the right to challenge inaccurate information on said Report and have it corrected. I understand that if I believe the Criminal Records Report contains inaccurate information, I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand that I can obtain information on how to challenge inaccuracies at www.fbi.gov.

I understand the FBI will retain my fingerprints and associated information/biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all the statements above and further authorize all consumer reporting agencies to release to the OHRC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue denial, suspension, revocation or cancellation of this license and/or other disciplinary action by the Board of Stewards and/or the Commission. I have read and understand the foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.

▶ _____ ◀ **ALL APPLICANTS MUST READ AND SIGN**

Applicant's Signature (or Authorized Agent if Applicant is under 16 years of age)

SECTION 10. AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES ALL *APPLICANTS OVER AGE 13 YEARS MUST COMPLETE*

Instructions for required verification of United States citizenship OR qualified alien status in the United States: **All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Horse Racing Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the statements below.**

Being of lawful age, first duly sworn and upon oath, I state under penalty of perjury:

☐ 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.**

☐ Do you have valid documentation verifying your eligibility to work in the United States? All documents should be provided. Exp. Date_____

▶ _____ _____ My Commission Expires: _____

Applicant's Signature (or Authorized Agent if Applicant is under age 16 years) NOTARY PUBLIC

Signed or attested before me this _____ **day of** _____, **20** _____.

UPDATED 2/13/25