

Support Occupational License Application 3-Year

Please Check:
 Horse
 Greyhound
 OTB Location: _____
 Minor
 Some license types may require interviewing or testing.

Providing false information on this application may result in denial, revocation, or other disciplinary action.

For Official Use Only			
Date Received <input type="checkbox"/> Mail <input type="checkbox"/> Walk-in	CRC Rep	Location	License/Badge #
Cash \$	<input type="checkbox"/> New <input type="checkbox"/> Renewal		PSR #
Check, Money Order Number # \$	Fingerprint card(s) received <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Tote Standards: (Division Auditor's Signature)	

Required: A photocopy of a valid driver's license with photo, State I.D., passport or certified copy of your birth certificate. Please make checks or money orders payable to the Division of Racing Events. By law, all insufficient funds returned to the Division will be assessed a penalty equal to the amount of the check plus \$41.00 in addition to any other penalty that may be assessed by the Commission. **License fees are nonrefundable.**

New Application: Fingerprints must be submitted.

◆ Pursuant to Commission rules: All licensees or applicants for licensure shall promptly notify the Division of any change of address. Validation cards for future meets shall be considered part of this application. **Yearly validations required on all 3-year applications.**

Job Category - please write appropriate category in #1 below:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Apprentice Jockey | <input type="checkbox"/> Director of Simulcasting | <input type="checkbox"/> Mutuel Employee | <input type="checkbox"/> Private Veterinarian |
| <input type="checkbox"/> Assistant Mutuel Manager | <input type="checkbox"/> Horse Person's Bookkeeper | <input type="checkbox"/> OTB Manager | <input type="checkbox"/> Security Guard (Armed-Unarmed) |
| <input type="checkbox"/> Assistant Racing Secretary | <input type="checkbox"/> Hub Supervisor | <input type="checkbox"/> Other | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Assistant Starter | <input type="checkbox"/> Identifier | <input type="checkbox"/> Owner | <input type="checkbox"/> Tote Technician |
| <input type="checkbox"/> Assistant Trainer | <input type="checkbox"/> Jockey | <input type="checkbox"/> Owner/Assistant Trainer | <input type="checkbox"/> Trainer |
| <input type="checkbox"/> Authorized Agent | <input type="checkbox"/> Jockey Agent | <input type="checkbox"/> Owner/Trainer | <input type="checkbox"/> Video Operator |
| <input type="checkbox"/> Chartwriter | <input type="checkbox"/> Lure Operator | <input type="checkbox"/> Paddock Judge | <input type="checkbox"/> Racing Club Officer |
| <input type="checkbox"/> Clerk of Scales | <input type="checkbox"/> Money Room Manager | <input type="checkbox"/> Placing Judge | |

Please print in ink or type. Answer all questions, if not applicable, write N/A

1. Type of support license (Job Category)		1a. Additional license type (Job category)	
2. Legal last name		First name	MI
3. Other Name(s), Alias(es), Nickname(s) Used		4. Email address	
5. Mailing address for service of all papers and notices ◆			Suite number
City		State	ZIP
6. Business phone ()	7. Cell phone ()	8. SSN	
9. Local address during meet (If different than above)		City	State
			ZIP
10. Date of Birth	Birth City	Birth State	Country of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Hair	Eyes	Height
			Weight
11. Are you a citizen of the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" provide documentation of authorization to work in the United States and Alien Registration Number.			

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License #	PSR #
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12. License History

Is the business presently licensed, or has it been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado? Yes No

If you answered "Yes" to this question, provide the following information. Use additional paper if necessary.

State	Year Issued	License Type	State	Year Issued	License Type

13. Background Information - Be specific. Omission could effect license

A. Within the last **ten** years, have you had contact with law enforcement (been arrested, cited, charged with a crime) Yes No

B. Within the last **ten** years, have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance? Yes No

C. Within the last **ten** years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended? Yes No

D. Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation. Yes No

E. Within the last **ten** years, have you been placed under or on court supervision, probation or parole? Yes No

F. Are you delinquent in payments for child support? If yes, please provide explanation. Yes No

If "Yes" to any of the above questions, provide the following information. Use additional paper if necessary.

Date	County	State	Nature of Charge/Crime/Offense	Final Result

14. Racing/Gaming History/Infractions

A. Have you ever been convicted of any gambling related offense? Yes No

B. Has your racing or gaming license ever been denied or revoked? Yes No

C. Have you been placed under suspension for more than 7 days, or are you currently under suspension or the subject of any alleged rule violation in this or any other racing or gaming jurisdiction? Yes No

D. Have you ever been ruled off, suspended, or discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board? Yes No

If you answered "Yes" to any of these questions, provide the following information. Use additional paper if necessary.

Date	State	Suspension, Denial, Revocation, Etc.	Restored
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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15. Do you have any relatives who are employees of the **Division of Racing Events**? If so, please list names: Yes No

16. **Are you employed at a Colorado racetrack, an off-track betting facility, kennel, stable or other business connected with racing? If "YES" provide signature of employer or supervisor:** Yes No

Signature of Employer or Supervisor _____ Date _____

17. In case of emergency please notify (name) _____ Phone () _____

Address _____ City _____ State _____ ZIP _____ Relationship _____

18. If the applicant is under 18 years of age, provide signature of parent or legal guardian
I, the Parent/Guardian of _____, who is under the age of 18, do hereby fully assume full financial responsibility for this minor.

Signature of Parent/Guardian _____ Date _____

Certification

Important • Read and Sign

By accepting any license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Colorado Racing Commission's regulations pertaining to racing (**which may include "for cause" or random drug and alcohol testing**), and laws of the United States and the State of Colorado, and the subdivisions thereof. I consent to allow personnel of the Division of Racing Events or authorized law enforcement agents to search, without warrant, my person, personal property, vehicle(s), and other work premises while within the racetrack, simulcast facility, other licensed premises, or any adjacent related facilities and premises thereto, pursuant to Commission rules. I understand that any investigation and any information submitted regarding this application are subject to the Open Records Act of Colorado, and I hereby waive any right of confidentiality. I authorize all reporting agencies and other law enforcement agencies to release to the Commission, the Division, or its agents, any information requested by them for completion of the background investigation and processing of this application. I consent to the release of the information contained in my application to law enforcement agents of this or any other state, or the U.S. government; and I understand that providing false information or failing to provide complete information on this application will justify either the Commission or the Division to assess a fine, refuse to issue, deny, suspend, revoke my license, or institute other disciplinary action. I understand that my fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI).

In consideration for any of the investigatory agencies releasing any information concerning me contained within criminal history record files to either the Commission or the Division, or to each other, I, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Commission, the Division, investigating agencies, their officers and employees, from all liability for any claim of damage resulting from this information.

I understand and agree that any license I receive from the Division, issued pursuant to this application, shall be temporary and conditioned upon the Division rendering a final determination on my suitability to receive permanent licensure. Any limitation or condition upon my temporary licensure does not constitute a final determination, and is not appealable until I receive such a final determination from the Division. Until I receive such a final determination from the Division, I agree and consent to the license being **summarily denied** upon demand and notice provided to my address noted herein, subject only to my right to appeal such action to the Commission. All license badges remain the property of the Division, and shall be returned upon demand by either the Commission or the Division. I understand that all license and application fees are nonrefundable whether or not I am approved for licensure.

I certify under penalty of perjury that the statements and answers i have provided in this application are complete and true and that no material facts or information relevant to qualification have been omitted.

Signature of Applicant _____ Date _____

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License # _____ PSR # _____

Owner/Trainer/Kennel/Stable/Jockey

Colorado law requires every employer to carry worker's compensation insurance
All registration and lease papers must be on file in the racing office

Owners (Only) <input type="checkbox"/> Horse <input type="checkbox"/> Greyhound <i>Must answer questions 1-8.</i>	
1. Name of your Trainer	2. Email address
3. Will you be racing under a stable/kennel name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete #3.	
4. Stable/Kennel Name (to be listed in program)	
5. Track(s) running at:	

Instructions
All persons involved in a partnership must obtain an Owner's license. For corporations, only one corporate officer must obtain an owner's license and the authorized agent must be licensed. For LLC's, at least one managing partner and an authorized agent must be licensed. Written notice must be given to the Colorado Racing Commission prior to any change in ownership.

6. Are you part of a racing corporation, partnership, or limited liability company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a Corporation/Partnership/Kennel/Stable Name Form with this application.
Name(s) of Corporation, Limited Liability Company, Partnership, Kennel, or Stable
7. Do you have an Authorized Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Agent's Name

Owners who appoint an Authorized Agent must provide him/her with an Affidavit of Appointment stating the authority of the agent.

9. I attest that I own racing animals which will run in Colorado.	
Signature	Date

Trainer/Assistant Trainer (Only)

Have you taken the Colorado Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Test
Have you previously had a Trainer/Assistant Trainer's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? What year?

Instructions
Trainers must fill out a trainer's stable roster before a license will be validated.
Trainers employing an Assistant Trainer must complete a Trainer's/Assistant Trainer's agreement form.

Jockey/Apprentice Jockey (Only)

Do you have an Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answer yes you must fill out a JOCKEY AGENT'S form. Note: If you dismiss an agent you must immediately notify the Racing Division in writing.
Agent Name	Email Address

Apprentices Only

I have ridden _____ Winners. I rode my first winner on (Date) _____
at (Track) _____.

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Statement Of Understanding

The Division of Racing Events has approved you for a 45-day temporary Racing License. This 45-day temporary license may still be extended or denied based on the results of your background investigation. In case of denial, you will receive a "Notice of Denial." Upon receipt of such a Notice of Denial, or at the request of a Division official, you must immediately surrender your ID badge (the temporary badge) and you may not continue to work as a licensee. Should you receive a denial of your racing license, the denial is effective immediately. You may appeal the denial of your license application. Until a determination of that appeal, you cannot possess a Racing Division license. This means that you have no right to work in any capacity that requires a Racing License unless the Colorado Racing Commission reverses the denial of your license. You need to understand that you are responsible for knowing about, and complying with, state law and regulations governing racing. You also need to be aware that you may obtain or view these documents at any Division office. Failure to comply with any law or regulation may be grounds for disciplinary action, including the suspension or revocation of your Racing license and a monetary penalty after an administrative hearing. A license status update will be sent to you within 45 days of application. If you have any questions, you may contact the Division at (303) 866-6743.

I understand that the Temporary license being issued today is still subject to denial or suspension pending the results of the Division of Racing Events investigation of my background. I have read the information contained in the above letter and understand my responsibilities as a licensee. I further understand that failure to comply with any law or regulation may be grounds for disciplinary action, including the suspension or revocation of my Racing license and a monetary penalty after an administrative hearing.

Print Name: _____

Signature: _____

Date: _____

Affidavit - Restrictions On Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date (MM/DD/YY)