

Registration Occupational Application 90-Day / 30-Day Limited

Please Check: Horse OTB Location Minor

Application Instructions and Requirements

Apply and Submit Application: To apply for an Registration Occupational License, applicants must complete this application in its entirety. Be aware that there is a significant amount of information needed for this application and it may not be submitted without all the required information. Some highlights of the application to be prepared for are as follows:

- **Provide Identification:** Applicants must show a valid driver's license with photo, State I.D., Passport or certified copy of your birth certificate.
- **Thoroughbred HISA Registration:** Applicants involved with the training and/or handling of **thoroughbred** horses must be registered with the Horse Integrity and Safety Authority as a covered person. Submission of that registration number will be required for this application. To complete said registration visit <https://www.hisaus.org/>. Entry of a Division license number will be required for registration so applicants without a current license number please contact the Division to be assigned one.
- **W-9 Submission:** Applicants that have a Horseman's Account must submit a W-9 (Request for Taxpayer Identification Number and Certification) form. The form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf> or can be provided by the Division upon request. Note- This form will be provided to the Horseman's Bookkeeper and not retained by the Division.
- **Payment of Fee:** \$10.00 New Registration \$4.00 CBI Name Check. Payment can be made in the form of check or credit/debit card through licensing staff.
- **Under 18:** For applicants less than 18 years of age, please contact the licensing section at 303-619-2696 for further information.
- **Criminal and Racing History:** Applicants will be required to input specific details about their criminal history and regulatory history related to racing and gaming industries.

Disclaimer:

All applicants are advised that this application and its information constitute an official document and that misrepresentation or failure to provide information requested may be deemed sufficient cause for the denial, suspension, fine, or revocation of a license.

Failure to fully complete this application may result in the application not being processed, being returned to the applicant for completion, or may result in denial of a license.

All applicants are further advised that an application for a racing license may not be withdrawn without the permission of the Colorado Division of Racing Events.

This application has been designed to allow the Division to determine your suitability for licensure. However, the Division's investigation may require you to submit additional information in support of your application. Any additional information requested must be provided in a timely manner or your application for license may be denied.

Application Instructions and Requirements (continued)

License fees are nonrefundable.

Some license types may require interviewing or testing. For those licenses requiring tests and interviews, they must be completed prior to submission of the application.

Applicant Information

Type of Registration License

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Announcer | <input type="checkbox"/> Jockey Valet | <input type="checkbox"/> Plant Supervisor | <input type="checkbox"/> Temporary Tote Operator |
| <input type="checkbox"/> Assistant OTB Manager | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Plant/Trk. Supervisor | <input type="checkbox"/> Temporary Tote Technician |
| <input type="checkbox"/> Concession Employee | <input type="checkbox"/> Nurse/EMT | <input type="checkbox"/> Racing Form Employee | <input type="checkbox"/> Track Supervisor |
| <input type="checkbox"/> Corporate Agent | <input type="checkbox"/> Office Personal | <input type="checkbox"/> Restaurant Employee | <input type="checkbox"/> Video Technician |
| <input type="checkbox"/> Faculty OTB Manager | <input type="checkbox"/> Other | <input type="checkbox"/> Tack Shop Employee | <input type="checkbox"/> Racing Club Association |

Personal and Contact Information

Legal Last Name	Legal First Name	Legal Middle Name		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Maiden Name				
<input style="width: 100%;" type="text"/>				
Other Name(s), Alias(es), Nicknames(s) Used				
<input style="width: 100%;" type="text"/>				
Email Address				
<input style="width: 100%;" type="text"/>				
Business Phone	Cell Phone	Social Security Number	Date of Birth (MM/DD/YY)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Gender	Hair Color	Eye Color	Height (in feet & inches)	Weight (in pounds)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Driver's License Number		Driver's License State		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		

Mailing Address for service of all papers and notices

Street Address				
<input style="width: 100%;" type="text"/>				
City	State	County	ZIP Code	Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Applicant Information (continued)

Local Address during meet (if applicable)

Street Address

City State County ZIP Code Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Connections

Are you employed at a Colorado racetrack, stable, off-track, betting facility or another business connected with Racing? Yes No

If you answered yes please provide additional information

Do you have any relatives who are employees of the Division of Racing Events?..... Yes No

If you answered yes please provide additional information

Emergency Contact

In case of emergency please notify

Name

Phone Number

Thoroughbred Horse Contact (HISA Registration)

Will you be involved with the handling or training of thoroughbred horses?..... Yes No

If you answered yes then HISA registration is required. **Please provide HISA registration number**

Horseman's Account (W-9)

Does the applicant have a Horseman's Account with Bally's Arapahoe Park?..... Yes No

If you answered yes then a W-9 (Request for Taxpayer Identification Number and Certification) form must be submitted with this application.

Background Information

Reminder: Providing false information on this application may result in denial, revocation, or other disciplinary action. Be detailed in your answers as omission could affect license approval.

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

If you answered yes please provide additional information

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

If you answered yes please provide additional information

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

If you answered yes please provide additional information

Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado?..... Yes No

If you answered yes please provide additional information

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

If you answered yes please provide additional information

Are you delinquent in payments for child support?..... Yes No

If you answered yes please provide additional information

License History

Are you presently licensed, or have you been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado?..... Yes No

If so, please provide jurisdiction.

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

If you answered yes please provide additional information

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

If you answered yes please provide additional information

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

If you answered yes please provide additional information

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 please provide additional information

Certification

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.

Any person who disputes any information on their Colorado criminal history record, may challenge the accuracy and completeness of their record. (For information on this procedure go to the website, <https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/identity-theft-and-mis-identification>). You can also take your dispute directly to the arresting agency. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.

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.

Applicant Signature

Date (MM/DD/YY)