

Support Occupational License Application 3-Year

Please Check: Horse Greyhound OTB Location Minor

Application Instructions and Requirements

Apply and Submit Application: To apply for a Support 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 cannot 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.
- **Submit Fingerprints:** Fingerprints submissions are required for all new license applications, and every subsequent six years or second renewal application. See forthcoming Verification of Fingerprints section for more details on submission.
- **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 Fee:** Applicants must submit payment of licensing fees. Payment can be made in the form of check or credit/debit card through licensing staff. Costs are as follows:

\$75.00	New License
\$25.00	Renewal
- **Under 18:** For applicants under 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 provide specific details about their criminal history and regulatory history related to racing and gaming industries.
- **Related Business Information:** If this application is related to a Division of Racing Events business license the applicant will be required to input details of their relationship to said business.

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 to be 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.

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.

Verification of Fingerprints

Fingerprints submissions are required for all new license applications, and every subsequent six years or second renewal application. If the applicant falls in either of those categories they will need to have completed their fingerprints submissions prior to but no more than sixty days in advance of completing this application. If the applicant is not required to submit fingerprints, skip to the Applicant Information section.

The below options are different avenues by which an applicant can get their fingerprint submissions completed either in-person or by mail. Please read through and utilize the best option.

Colorado Fingerprints (CABS):

Colorado Applicant Background Services can be completed in-person through the vendor Colorado Fingerprinting. They have a number of locations throughout Colorado for use in the process. To utilize this service please follow the instructions below. If the applicant is not located in Colorado or cannot visit a site in-person, please reference the forthcoming Mail-in Physical Fingerprinting Card section.

1. Online Registration - Register through the online Enrollment Center at www.coloradofingerprinting.com.

2. Select Location and Time - During the enrollment process choose a convenient location, day and time for your appointment.
3. CBI Unique Code - Utilize the following CBI Unique Code in scheduling your appointment: **0500RCMI**
4. Payment - Select your method of payment.
5. Confirmation - Receive your appointment confirmation with your number which is delivered by both text and email.
6. Fingerprinting - Go to the fingerprint location at your scheduled time. Provide the Order Number to the enrollment agent along with your government issued photo ID (drivers license, state issued ID, US passport or foreign-issued passport). Your live scan fingerprints, digital photo and digital signature are then captured and submitted to CBI.
7. Results - The results are returned to CBI authorized agencies.
8. Status - You can login to the Enrollment Center at any time to see the status of your fingerprint submission to CBI.
9. Division Use - The Division will retrieve the fingerprint results from the system for use with the application process.

Please contact 720-292-2722, toll free 833-224-2227 or email info@coloradofingerprinting.com if you have any questions or need assistance.

IdentoGO:

Fingerprinting services can be completed in-person through the vendor Identogo. They have a number of locations throughout the United States for use in the process. To utilize this service please follow the listed instructions. If the applicant is unable to find a location or utilize an in-person appointment, please utilize the forthcoming Mail-in Physical Fingerprinting Card section.

1. To schedule your appointment, visit <https://uenroll.identogo.com> and enter the following service code: **25YGHY**
2. When prompted, please enter the following CBI Unique Code number: **0500RCMI**
3. Bring an official government issued ID to your enrollment appointment.

If you are unable to utilize the internet to make an appointment you may still schedule an appointment by calling 844-539-5539

Mail-in Physical Fingerprinting Card: If located out of state and utilizing an in-person location is not possible, please contact a local law enforcement/government agency about having official fingerprint cards completed. Completed cards would then need to be delivered to one of the two fingerprint vendors listed prior.

Contact those vendors for directions on card type and how to complete the mail-in process. Do not send fingerprint cards to the Division of Racing Events.

Please note that mailed fingerprint cards could significantly delay the application approval process.

Applicant Information		
Type of Support License		
If you require multiple licenses, such as Owner and Trainer, please identify all license types.		
<input type="checkbox"/> Apprentice Jockey <input type="checkbox"/> Assistant Mutuel Manager <input type="checkbox"/> Assistant Racing Secretary <input type="checkbox"/> Assistant Starter <input type="checkbox"/> Assistant Trainer <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Clerk of Scales <input type="checkbox"/> Director of Simulcasting <input type="checkbox"/> Horse Person's Bookkeeper	<input type="checkbox"/> Horse Identifier <input type="checkbox"/> Jockey <input type="checkbox"/> Jockey Agent <input type="checkbox"/> Money Room Manager <input type="checkbox"/> Mutuel Employee <input type="checkbox"/> OTB Manager <input type="checkbox"/> Owner <input type="checkbox"/> Owner/Assistant Trainer <input type="checkbox"/> Owner/Trainer	<input type="checkbox"/> Paddock Judge <input type="checkbox"/> Placing Judge <input type="checkbox"/> Private Veterinarian <input type="checkbox"/> Security Guard <input type="checkbox"/> Starter <input type="checkbox"/> Tote Operator <input type="checkbox"/> Trainer <input type="checkbox"/> Video Operator <input type="checkbox"/> Other: _____
Is this application related to a Division of Racing Events business license(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes please provide business trade name and license number		

Personal and Contact Information							
Legal Last Name		Legal First Name			Legal Middle Name		
Maiden Name (if applicable)		Other Name(s), Alias(es), Nicknames(s) Used					
E-Mail Address				Business Phone		Cell Phone	
Social Security Number		Date of Birth	Gender	Hair Color	Eye Color	Height (ft/in)	Weight (lbs)
Driver's License #				Driver's License State			
Mailing Address for service of all papers and notices							
Street Address							
City		County		State	ZIP Code		Country
Local address during meet (if applicable)							
Street Address							
City		County		State	ZIP Code		Country
Division of Racing Events Connections							
Do you have any relatives who are employees of the Division of Racing Events?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes please provide additional information							
Emergency Contact							
In case of emergency please notify			Name			Phone	
Thoroughbred Horse Contact							
Will you be involved with the handling or training of thoroughbred horses?						<input type="checkbox"/> Yes	<input type="checkbox"/> 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?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes than 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

With in 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, 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 you answered yes please provide additional information

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes please provide additional information			
Owner Information (Owners Only)			
Name of employed Trainer(s)		Email Address	
Will you be racing under a Stable name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide Stable name			
Tracks currently running at			
Corporation / LLC 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.			
Are you a 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/Stable Name Form with this application.			
Do you have an Authorized Agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please provide agents name			
Owners who appoint an Authorized Agent must provide him/her with an Affidavit of Appointment stating the authority of the agent.			
I attest that I own racing animals which will run in Colorado.			
Signature		Date (MM/DD/YYYY)	

Jockey Information
(Jockey/Apprentice Jockey Only)

Do you have an Agent? If yes then please complete and submit Jockey Agent Form (DR 9073E). Yes No

Agent Name	Email
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Have you ever been licensed as a Jockey or Apprentice Jockey in Colorado or any other state? Yes No

Dates licensed	State(s)	Last date raced
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Note: If you answered no or have not been licensed and in good standing within the last three years, additional testing and approvals are required. Inquire with licensing staff or Stewards about New Jockey Application (DR 9057E).

When was your last physical?	Date (MM/DD/YYYY)
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Note: A physical examination by a licensed physician is required within 30 days of the start of the live race meet. Physician's Certificate of Physical (DR 9032) must be completed and submitted with this application.

When was your last baseline concussion test performed?	Date (MM/DD/YYYY)
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Apprentices Only

Have you ridden a winning horse(s) Yes No

If so, please provide number of winning horses ridden

For your first winner, provide winning date and track name	Date (MM/DD/YYYY)	Track Name
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Trainer Information
(Trainer/Assistant Trainer Only)

Have you previously had a Trainer/Assistant Trainer's License? Yes No

Where?	What year(s)?
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If you answered no or your previous license has been expired for more than three years, additional testing and approvals are required. Inquire with licensing staff or Stewards about New Trainer's License Application (DR 9061).

Note: Trainers employing an Assistant Trainer must complete and submit an Assistant Trainer Acceptance Form (DR 9067E).

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.

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/YYYY)
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