DR 9016 (06/26/24)

COLORADO DEPARTMENT OF REVENUE
Division of Racing
PO Box 173350
Denver CO 80217-3550
Phone (303) 619-2696
dor\_racing\_licensing@state.co.us
SBG.Colorado.gov/Racing

# Registration Occupational Application 90-Day / 30-Day Limited

	☐ Horse ☐ OTB Location	_	
Application Instructions and Requirements			

**Apply and Submit Application:** To apply for a 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 issued identification, 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 (HISA) as a covered person. Submission of the registration number will be required for this application. To complete said registration visit <a href="https://www.hisaus.org/">https://www.hisaus.org/</a>. 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 <a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a> or can be provided by the Division upon request. Note This form will be provided to the Horseman's Bookkeeper and Will Not Be retained by the Division.
- Payment of Fee: Applicants must submit payment of licensing fees. Payment can be made in the form of check or credit/debit card through licensing staff. No cash payments accepted.

\$10.00 New Registration and \$6.00 CBI Name Check.

Bad Check Fee: \$41.00

- 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. **Note:** If approved, this license cannot exceed 90 days.

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 may require you to submit additional information in support of your application.

#### **Application Instructions and Requirements (continued)**

Any additional information requested must be provided in a timely manner or your application for a license may be denied.

Registration 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			
Announcer Office Personnel Temporary Tote Operator Video Technician			
☐ Concession Employee ☐ Racing Form Employee ☐ Temporary Tote Technician ☐ Racing Club Association			
☐ Nurse/EMT ☐ Tack Shop Employee ☐ Other			
Developed Contact Information (Drint)			
Personal and Contact Information (Print)			
Legal Last Name Legal First Name Legal Middle Name			
Maiden Name			
Other Name(s), Alias(es), Nicknames(s) Used			
Email Address			
Control Operation Number 2 Parts of Pirtle (MM/PD000)			
Business Phone Cell Phone Social Security Number Date of Birth (MM/DD/YY)			
Gender Hair Color Eye Color Height (in feet & inches) Weight (in pounds)			
Driver's License Number  Driver's License State			
Mailing Address for service of all papers and notices			
Street Address			
City Chata County 7ID Code Country			
City State County ZIP Code Country			
Local Address during meet (if applicable)			
Street Address			

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## **Applicant Information (continued)**

City	State	County		ZIP Code	Country	
Connections						
Are you employed at a another business conne						O No
If you answered yes, please	provide detailed	information				
Do you have any relativ	es who are en	nployees of the	Division of Rad	cing Events	? O Yes	O No
If you answered yes, please	provide detailed	information				
Emergency Contact						
In case of emergency pleas	e notify					
Name				Phone Num	nber	
Thoroughbred Horse Co	ntact (HISA Red	aistration)				
Will you be involved wit		-	oroughbred ho	orses?	O Yes	O No
If you answered yes, then H	ISA registration i	s required. <b>Please</b>	provide your HI	SA registrati	ion number	
Horseman's Account (W-	9)					
Does the applicant have	e a Horseman'	s Account with E	3ally's Arapaho	oe Park?	O Yes	O No
If you answered yes the must be submitted with	•	• •	r Identification	Number an	d Certification)	form

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## **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(s) could affect license approval.

Within the last ten years, have you had contact with law enforcement (been arrested, cited, charged with a crime)?	. O Yes	O No
If you answered yes, please provide detailed 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?	. O Yes	○ No
If you answered yes, please provide detailed information		
Within the last ten years, have you had any other Colorado licenses (including		
Within the last ten years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended?	. O Yes	O No
If you answered yes, please provide detailed information		
Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado?	. O Yes	O No
If you answered yes, please provide detailed information		
Within the last ten years, have you been placed on court supervision, probation or parole?	. O Yes	O No
If you answered yes, please provide detailed information		
Are you delinquent in payments for child support?	. O Yes	○ No
If you answered yes, please provide detailed information		

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## **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?	O Yes	O No
If so, please provide jurisdiction.		
Have you ever been convicted of any gambling related offense?	O Yes	O No
If you answered yes, please provide detailed information		
Has your racing or gaming license ever been denied or revoked?	O Yes	O No
If you answered yes, please provide detailed 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?	O Yes	∩ No
If you answered yes, please provide detailed information	0 .55	<u> </u>
Il you answered yes, prease provide detailed information		
Have you ever been ruled off, suspended, or discharged for cause, or denied the	O Yes	O No
privileges of a racetrack or gaming facility, by any commission or board?  If you answered yes, please provide detailed information	<u> </u>	<b>O</b> 1
Il you allowered yes, please provide detailed illiorination		

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#### 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, <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/identity-theft-and-mis-identification">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/identity-theft-and-mis-identification</a>). 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)

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