| DR 9053 (02/02/24)<br><b>COLORADO DEPARTMENT OF R</b><br>Division of Racing<br>PO Box 173350<br>Denver CO 80217-3550<br>Phone (303) 619-2696<br>dor_racing_licensing@state.co.us<br>SBG.Colorado.gov/Racing | EVENUE Support Occupational<br>License Application 3-Year |  |
|---|---|--|
|   | Please Check: Horse 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 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 identification, 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 the Verification of Fingerprints section for more details on submission.
- Thoroughbred HISA Registration: Applicants involved with the training and/or handling of covered (Thoroughbred) horses must be registered with the Horseracing Integrity and Safety Authority (HISA) as a covered person. Submission of a HISA registration number will be required for this application. To complete said registration visit <u>https://www.hisaus.org/</u>. 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 with a Horseman's Account must submit a W-9 (Request for Taxpayer Identification Number and Certification) form. The form can be found at <u>https://www.irs.gov/pub/irs-pdf/fw9.pdf</u> or can be provided by the Division upon request. Note -This form will be given to the Horseman's Bookkeeper and Will Not Be 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. NO CASH payments accepted.

Costs are as follows: \$30.50 New License

\$6.00 Colorado Bureau of Investigation (CBI) Name Check

\$20.00 Renewal

\$6.00 Colorado Bureau of Investigation (CBI) Name Check

\$39.50 Fingerprints

\$41.00 Bad Check Fee

- 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.
- 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 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 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 a license may be denied.

License fees are nonrefundable.

Some license types may require interviewing or testing. For those licenses requiring fingerprints, 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 is in either of those categories they will need to have completed their fingerprint submission 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 Mail-in Physical Fingerprinting Card section.

- 1. Online Registration Register through the online Enrollment Center at <u>www.coloradofingerprinting.com</u>.
- 2. Select Location and Time During the enrollment process choose a location, day and time for your appointment.
- **3.** Colorado Bureau of Investigation (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 identification (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 <u>https://coloradofingerprinting.com</u> 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.

- To schedule your appointment, visit <u>https://uenroll.identogo.com</u> and enter the following service code: 25YGHY
- When prompted, please enter the following CBI Unique Code number: 0500RCMI
- 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 Cards:** 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 above.

Contact those vendors for directions on card type and how to complete the mail-in process.

Fingerprint cards may also be mailed back to the Colorado Division of Racing Events with a check for \$39.50, along with your application and application fees to PO Box 173350, Denver, CO 80217-3550.

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.

| Animal Tattooer            | Director of Simulcasting  | Mutuel Employee           |   | Plater               |
|----------------------------|---------------------------|---------------------------|---|----------------------|
| Apprentice Jockey          | Exercise Rider            | OTB Manager               |   | Pony Person          |
| Assistant Mutuel Manager   | Faculty OTB Manager       | Outrider                  |   | Private Veterinarian |
| Assistant OTB Manager      | Groom                     | Owner                     |   | Restaurant Employee  |
| Assistant Racing Secretary | Horse Person's Bookkeeper | Video Operator            |   | Security Guard       |
| Assistant Starter          | Horse Identifier          | Owner/Assistant Trainer   |   | Stable Supervisor    |
| Assistant Trainer          | Jockey                    | Owner/Trainer             |   | Starter              |
| Authorized Agent           | Jockey Agent              | Paddock Judge             |   | Tote Operator        |
| Clerk of Scales            | Jockey Valet              | Photo Operator            |   | Track Supervisor     |
| Clocker                    | Maintenance               | Placing Judge             |   | Trainer              |
| Corporate Agent            | Money Room Manager        | Plant Sup/Plant Track Sup | 1 |                      |
|                            |                           |                           |   |                      |

Other:

| Is this application related to a Division of Racing Events business license(s)? | O Yes | O No |
|---|-------|------|
| If you answered yes, please provide the business trade name and license number  |       |      |

#### **Personal and Contact Information**

| Legal Last Name      |                         | Legal First | Name                   | Legal Middle Name        |
|----------------------|-------------------------|-------------|------------------------|--------------------------|
| Maiden Name          |                         |             |                        |                          |
|                      |                         |             |                        |                          |
| Other Name(s), Alias | s(es), Nicknames(s) Use | ed          |                        |                          |
|                      |                         |             |                        |                          |
| Email Address        |                         |             |                        |                          |
|                      |                         |             |                        |                          |
| Business Phone       | Cell Phon               | е           | Social Security Number | Date of Birth (MM/DD/YY) |
|                      |                         |             |                        |                          |
| Gender               | Hair Color              | Eye Color   | Height (in feet & in   | ches) Weight (in pounds) |
|                      |                         |             |                        |                          |
| Driver's License Nur | nber                    | <u>[</u>    | Priver's License State |                          |
|                      |                         |             |                        |                          |

## Mailing Address for service of all papers and notices

Street Address

| City | State | County | ZIP Code | Country |
|------|-------|--------|----------|---------|
|      |       |        |          |         |
|      |       |        |          |         |

#### Local Address during meet (if applicable)

Street Address

| City | State | County | ZIP Code | Country |
|------|-------|--------|----------|---------|
|      |       |        |          |         |
|      |       |        |          |         |

### **Division of Racing Events Connections**

| Do you have any | relatives who are empl | yees of the Division of | of Racing Events? | 🔘 Yes | O No |
|-----------------|------------------------|-------------------------|-------------------|-------|------|
|-----------------|------------------------|-------------------------|-------------------|-------|------|

#### If you answered yes, please provide detailed 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 hor   | ses?                  | O Yes        | O No    |
| If you answered yes, then <b>HISA registration is required</b> . Please provide your HIS   | A registration numb   | er           |         |
|  |                       |              |         |
| Horseman's Account (W-9)   |                       |              |         |
| Does the applicant have a Horseman's Account with Bally's Arapahoe   | e Park?               | O Yes        | O No    |
| If you answered yes then a W-9 (Request for Taxpayer Identification must be submitted with this application  | Number and Cer        | tification   | ) form  |
| Background Information   |                       |              |         |
| <b>Reminder:</b> Providing false information on this application may result in denial, rev<br>Be detailed in your answers as omission could affect license approval.                             | ocation, or other dis | sciplinary a | action. |
| Within the last ten years, have you had contact with law enforcement 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 no contest, forfeited bail, or been fined for any criminal offense, either misdemeanor, petty offense, or local ordinance? | r felony,             | O Yes        | O No    |
| If you answered yes, please provide detailed information   |                       |              |         |
|  |                       |              |         |
| Within the last ten years, have you had any other Colorado licenses (<br>Driver's License) denied, revoked or suspended?   | -                     | O Yes        | O No    |
| If you answered yes, please provide detailed information   |                       |              |         |
|  |                       |              |         |
|  |                       |              |         |

| Background Information (continued)  |     |     |      |
|---|-----|-----|------|
| Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado?   | ΟY  | ′es | 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?  | ΟY  | ′es | O No |
| If you answered yes, please provide detailed information  |     |     |      |
| Are you delinquent in payments for child support?   | 0 ү | ′es | O No |
| If you answered yes, please provide detailed information  |     |     |      |
|   |     |     |      |
| License History<br>Are you presently licensed, or have you been licensed within the last five (5) years<br>by any racing or gaming jurisdiction, including Colorado?<br>If so, please provide jurisdiction(s) | ΟY  | ′es | O No |
|   |     |     |      |
| Have you ever been convicted of any gambling related offense?   | ΟY  | íes | O No |
| If you answered yes, please provide detailed information  |     |     |      |
| Has your racing or gaming license ever been denied or revoked?  | ΟY  | ′es | O No |
| If you answered yes, please provide detailed information  |     |     |      |

| License History (continued) | License | History | (continued) |
|-----------------------------|---------|---------|-------------|
|-----------------------------|---------|---------|-------------|

| Have you been placed under suspension for more than 7 days, or are you ounder suspension or the subject of any alleged rule violation in this or any or racing or gaming jurisdiction? | ther  | O Yes | O No |
|--|-------|-------|------|
| If you answered yes, please provide detailed information   |       |       |      |
|  |       |       |      |
|  |       |       |      |
|  |       |       |      |
| Have you ever been ruled off, suspended, discharged for cause, or denied to privileges of a racetrack or gaming facility, by any commission or board?                                  |       | O Yes | O No |
| If you answered yes, please provide detailed information   |       |       |      |
|  |       |       |      |
|  |       |       |      |
|  |       |       |      |
| Owner Information (Owners Only)  |       |       |      |
| Name of employed Trainer(s) (Print)  |       |       |      |
|  |       |       |      |
| Email Address F  | Phone |       |      |
|  |       |       |      |
| Will you be racing under a Stable name?  |       | O Yes | O No |
| If yes please provide Stable name  |       |       |      |
|  |       |       |      |
| L Tracks currently running at  |       |       |      |
|  |       |       |      |
|  |       |       |      |
|  |       |       |      |
| Corporation / LLC Instructions   |       |       |      |
| All persons involved in a partnership must obtain an owner's license. For ear  |       |       |      |

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?   | O Yes     | O No     |
|--|-----------|----------|
| If yes, you must provide a Corporation/Partnership/Stable Name Form (DR 9066) with t | his appli | ication. |
| Do you have an Authorized Agent?   | O Yes     | O No     |
| If yes, please provide Agent's name  |           |          |

Owners who appoint an Authorized Agent must provide him/her with an Affidavit of Appointment stating the authority of the agent. Please complete and submit form DR 9022 if applicable.

# I attest that I own racing animals which will run in Colorado.

| Signature   | Printed Name       | Date (MM/DD/YYYY) |
|---|--------------------|-------------------|
|   |                    |                   |
| Jockey Information (Jockey/Apprentice Jockey  | Only)              |                   |
| Do you have an Authorized Agent?<br>If yes, then please complete and submit Jockey Agen   | t Form (DR 9073E). | 🔿 Yes 🔿 No        |
| Agent's Name  | Email Address      |                   |
|   |                    |                   |
| Have you ever been licensed as a Jockey or other state?   | •••                |                   |
| Dates licensed Sta  | ate(s) La          | ast date raced    |
|   |                    |                   |
| 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). |                    |                   |
|   |                    | Date (MM/DD/YYYY) |
| When was your last physical?  |                    |                   |
| 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.              |                    |                   |
|   |                    | Date (MM/DD/YYYY) |
| When was your last baseline concussion tes  | t performed?       |                   |
| Apprentices Only  |                    |                   |
| Have you ridden a winning horse(s)?   |                    | O Yes O No        |
| If so, please provide number of winning horses ridder   | 1                  |                   |
|   |                    |                   |
| For your first winner, provide winning track name   |                    | Date (MM/DD/YYYY) |
| Trainer Information (Trainer/Assistant Trainer Only)  |                    |                   |
| Have you previously had a Trainer/Assistant   | Trainer's License? | 🔿 Yes 🔿 No        |
| Where?  | What year(s)?      |                   |
|   |                    |                   |

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 Eligibility Form (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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For a challenge of Colorado state CHRI a subject of a record can do a record challenge at Colorado Bureau of Investigation. (For information on this procedure go to the website, <u>https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/identity-theft-and-mis-identification</u>). 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.