

# Validation Card

Date

*This is an addendum to your current original application.*

Last Name		First Name		M.I.	Primary Phone Number		
Mailing Address				City		State	ZIP
Email Address				Please provide your HISA Registration Number			
<input type="checkbox"/> Check this box to OPT OUT of receiving service of process by email							
Type of License (Racing)		License No. (Racing)		Expiration Date		PSR Number	
<b>Please answer the following questions for the timeframe since your last application or validation card:</b>							
Yes No							
1.	<input type="checkbox"/>	<input type="checkbox"/>	Are there any criminal charges pending against you at this time?				
2.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, or local ordinance?				
3.	<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation on back of card.				
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent in the payment of child support? If yes, please provide explanation on back of card.				
5.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any gambling related offense?				
6.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been ruled off, suspended ( <i>more than 7 days</i> ), or discharged for cause, or denied the privileges of a race track, by any commission or board?				
7.	<input type="checkbox"/>	<input type="checkbox"/>	Have there been any changes (to questions above) since the last meet?				
ARCI <input type="checkbox"/>		GENTAX <input type="checkbox"/>		Supervisor's or Trainer's Signature or Name		Licensee Signature	