	OFFICE USE ONLY: New or Renewal Date/License # Total Fees Receipt/Tran ID # App	F.P (status)					
	Total Fees Receipt/Iran ID# App Cash Check # M.O. # Clerk by:_						
	Owners						
	Welcome to the RCI Multi-Jurisdiction Lice	ensing Program					
	As a racehorse or greyhound owner who may wish to participate in several different racing jurisdictions, you can simplify the process by completing this application for an OWNER'S license. Copy it and send it to any of the racing jurisdictions listed (see the last page of this form) you'll be racing in. Some racing commissions may require additional information from you. This form is only for those owners who will not be applying for any other type of license (i.e., trainer, driver, etc.) If you will be applying for another type of license, please contact that jurisdiction for their individual application.						
	Please refer to the last page of this form for a list of participating juri	saictions and fee schedule.					
	Check Breed(s)	Horse Greyhound					
1	1. Applicant Name	e Maiden					
	2. Have you ever used an assumed name or been known by another name or b licensed under an assumed or different name? If yes, give name(s)	een Yes No					
3.	3. Marital status? Married Single Divorced	Widowed					
	If married, full name of spouse, including maiden name:						
. I	Last licensed in:	Name of State					
5.]	5. List latest dates fingerprinted and what states printed you: Month &Year(s)						
	5. Telephone numbers: () ()						
	Home # Business or Cell #	Fax#					
′. J	7. Person to be notified in case of emergency:Teleph	none: (<u>)</u>					
8. \$	8. Social Security No.* Sex Height Weight Color Hair Color Social Insurance No. (Canadians)	Eyes Date of Birth Age					
* Pro	* Providing Social Security Number may be voluntary and will be used as a secondary identifier; however, some jurisdictions do mandate you pr	ovide it. Mo Day Year					
9. 1	Are you a U.S. Citizen? Yes No If no, what country are you a citizen of?						
]	Place of Birth Immigration I.D. number (if applicable) A						
0.	0. USTA/SC Membership Number (If applicable) USTA/SC I	Membership Exp. Date:					
	Permanent mailing address:						
1.	(At which service all papers may be made upon you) Street						
1.	City State/Province	Postal Zip/Country					

State/Province

City

Postal Zip/Country

	nt Dates	Name of Employer Address (Street, City, State, Zip)						
List your occup	your occupation here:If self-employed, list type of business:							
Are you under an	obligation to pay	child su	pport? Yes No If yes	, are you 4 mo	nths or more in arrears?	☐ Yo	es 🗆	N
Ouestions 16	Questions 16 (a-h) MUST be answered "yes" or "no". Give details in space provided. Yes						Yes	No
 a. Has your o 	or your spouse's ra	cing lice	ense ever been denied , suspen	ded for more th	nan / days or revoked ?			
b. Has any ot	her type of license	or pern	nit of you or your spouse ever arged, or ejected from any rac	been suspende	d, denied or revoked?			
d. Have you o	or your spouse eve	r been o	convicted (including by nolo	contendere) of,	or forfeited bail on, any			
felony or n	nisdemeanor crim	inal offe	ense (including DWI or DUI)?		·			
			criminal charges currently pending parole or probation?	g anywhere agai	inst you or your spouse?			
			ments against you or your spo	ouse?				
			commission, racetrack, politic					
For each ''yes'	'' above, you mu	ıst prov	ride full details below (when	, where, wha	t). Use a separate s	heet if	need	ed.
Date S	tate/Track	Speci	fic Violation, Crime, or D	ebt Pena	alty (Sentence w/par	ole en	d-da	te)
Statement	of Ownersh	nip <i>(in</i>	ncluding questions 18	& 19)				
		- '	<u> </u>		aa balayy thaga yay ni	n to ro	oo th	ic
			OWNERSHIP: Number of horses or greyhounds in training (), listing below those you plan to race year (and if owned by partners or entity, or leased, so designate.)					18
year (arra ir o								
	J 1	or chin	ty, or leased, so designate.)	Owne	rshin Name on		_	
Horse/Grey	hound Name		ty, or leased, so designate.) Trainer's Full Name		rship Name on tration Papers	0/0 Owned	Br	
Horse/Grey		Age			rship Name on tration Papers	%	Br	reed (Q/G)
Horse/Grey					_	%	Br	
Horse/Grey					_	%	Br	
Horse/Grey					_	%	Br	
Horse/Grey					_	%	Br	
Horse/Grey					_	%	Br	
If you listed	rhound Name	Age or Ow	Trainer's Full Name	Regist	ration Papers	% Owned	Br (T/S	se se
If you listed or greyhound	a Stable Name	or Own 17 abo	Trainer's Full Name onership Entity (a partner ove, please tell us about th	Registre Registra Reg	ration Papers ration, etc.) as owner persons under that r	% Owned	Br (1/s	sse ng
If you listed or greyhound any interest i	a Stable Name under Question n those horses	or Own 17 abo	Trainer's Full Name onership Entity (a partner ove, please tell us about the ovhounds. Please check w	Registre Registra Reg	ration Papers ration, etc.) as owner persons under that refer in which you pla	% Owned	hor oldince,	se ng to
If you listed or greyhound any interest idetermine if the	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the syhounds. Please check we Stable or Entity registration	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this Name of	Owned er of a name hon to ra applica	hor oldince,	se ng to n.
If you listed or greyhound any interest i	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the ovhounds. Please check w	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this	Owned er of a name hon to ra applica	hor oldinge, ation	se ng to n.
If you listed or greyhound any interest idetermine if the	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the syhounds. Please check we Stable or Entity registration	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this Name of	Owned er of a name hon to ra applica	hor oldince, ation	se ng to n.
If you listed or greyhound any interest idetermine if the	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the syhounds. Please check we Stable or Entity registration	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this Name of	Owned er of a name hon to ra applica	hor oldince, ation	se ng to n.
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If you listed or greyhound any interest idetermine if the	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the syhounds. Please check we Stable or Entity registration	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this Name of	Owned er of a name hon to ra applica	hor oldince, ation	se ng to n.
If you listed or greyhound any interest idetermine if the	a Stable Name under Question n those horses hey require a sep	or Own 17 abo or greparate S	Trainer's Full Name onership Entity (a partner ove, please tell us about the syhounds. Please check we Stable or Entity registration	Regist reship, corpore individual with each star on form be file	ration Papers ration, etc.) as owner persons under that rate in which you placed, in addition to this Name of	Owned er of a name hon to ra applica	hor oldince, ation	se ng to n.

21. Are you obligated to have worker's compensation insurance covering employees in connection with racin please complete the line below:					
			piration Date Name of Polificate of insurance must be attached and submitted with this a	=	
22.	Are you a New York State public e		official, political party officer, or ard or www.racing.state.ny.us for Form		
	e read the "Affidavit of Licensure read this affidavit.	e" below. Your signat	ure below will be used as confi	rmation that you	
		Affidavit of Licens	URE		
partic grou right subp ager in the of my crimi that I asso	l consent to a background investes (family, business, financial sources, nds of any racetrack or racing associate to (or do) occupy or control, and to the opena powers of authorized regulatory and the opena powers of authorized regulatory and with all information and documents. I agree that participating in racing e rules of racing, that failure to compay license, and that rulings in one jurised. I agree to abide by all applicable rules of each jurisdiction, which I affirm that suspended or revoked at any time for maission (or its equivalent) when I submitted in all history record report to them. I hereby certify, under penalty of pell have read the foregoing application, a positions with disreputable persons conduct), and I am in good standing and	etc.) and of my character a ion of my person and prope e seizure of articles related agencies and to written it may request. Ing is a privilege not a right ally with those rules shall iction may be applied in colles and regulations where t my use of my license with hisstatements or omission a fingerprint card directing rjury and knowing that false and I affirm every statements (organized crime, ille	and general reputation. I consent to a perty, including premises and vehicle of to unlawful conduct. I consent to requests in lieu thereof, and shall that my license is subject to condition be grounds for immediate suspensithers. I race or am licensed, including confliction to violate them, and I accept that as in my application. I hereby author the Federal Bureau of Investigation (" estatements herein may be prosecuted therein is true and correct. I also celegal betting, race-fixing, fraud,	search within the se that I have the be subject to the provide any such as precedent sion or revocation of interest my license may rize each racing FBI") to send my adas a crime, rify that I have no	
who of Re India empl Immi compyear of yo licen: I furt 5-14-	ois Applicants: The Illinois Racing I fails to file a return, or to pay the tax, perevenue until such time as the requirement ana Applicants: As a part of licensure loy IHRC licensees to have the following igration Reform and Control Act ("IRCA") beliete a Form I-9 (form can be found at who is required to be licensed by the IH our employees required to be licensed by sed worker or employee, you agree to pether agree to waive confidentiality relaters-3-4, and any other pertinent rule or law plinary action before the Commission.	nalty or interest, as require ents of any such tax Act a e, the Indiana Horse Racin : A completed Employme) for each of your employe ww.uscis.gov/files/form/i-9 RC. You further agree to the IHRC to the IHRC up rovide written notification t d to an animal's veterinary	d by any tax Act administered by the life satisfied. g Commission (IHRC) is requiring lice at Eligibility Verification Form ("Form I es required to be licensed by the IHRC and for each new employee hired durake available for review the redacted on request. Within 24 hours of the district the IHRC via fax or email INHorseral medical records as outlined in I.C. 25	ensed owners that e-9") required by the C. You agree to ring this calendar d Form I-9 for each echarge of a cing @HRC.in.gov. 5-38.1-4-5.5(d), I.C.	
New social is m admi purpo licens autho	York Applicants: The authority to real security and employer identification nulandatory, principally to enable the Deinistered by the Commissioner of Taxaoses and as otherwise authorized by thising database. An investigative consumprizes the Board to obtain it. You may be consumer reporting agency.	mbers, is in Section 5 of the epartment of Taxation are ation and Finance. The ingle New York State Gaming the report may be request	e New York Tax Law. Your disclosure of Finance to identify persons affer of formation will be used for identification Commission Board ("Board") including in connection with this application	e of this information cted by the taxes ation and licensing ng for a multi-state and your signature	
NO	TE: If you will be racing in multiple ju	risdictions, please be sure	to make copies of this form! See n	ext page for fees.	
_		//			
,	* Signature of Applicant	Date	E-mail Address	(Optional)	

* Use as a Florida Application Requires the Applicant's signature to be Notarized.

Jurisdiction and Fee Schedule						
(Code for Fees: O=Owner; H=Harness; TB=Thoroughbred; Q=Quarter Horse; GH=Greyhound)						
Arkansas State Racing Commission Greyhound Division at Southland Park 1550 N. Ingram Blvd West Memphis, AR 72301 Ph: 501-682-1467; Fax: 730-732-5926 O @ \$60 for 1 year or \$180 for 3 years payable to ASRC. No Prints Required	Indiana Horse Racing Commission at Indiana Grand 4425 N 200 West Shelbyville, IN 46176 Ph:317-713-3350;Fax:317-713-3355 O @ \$35 payable to IHRC Prints \$27 payable to IHRC	Michigan Gaming Control Board 3062 W Grand Blvd, L-700 Detroit, MI 48202 Ph: 313-456-4100; Fax: 313-456-2864 O @ \$25 payable to State of Michigan Prints \$36 payable to State of Michigan	Ontario Racing Commission 10 Carlson Court, Suite 400 Toronto, Ontario M9W 6L2 Canada Ph: 416-213-0520; Fax: 416-213-7827 New: 0 @ \$126 (\$CND) RENEW: 0 @ 105 (CND)			
Arkansas State Racing Commission Thoroughbred Division P.O. Box 699 Hot Springs, AR 71902 Ph: 502-623-1492; Fax: 501-623-9443 O @ \$60 for 1 year or \$180 for 3 years payable to ASRC No Prints Required	Iowa Racing and Gaming Commission One Prairie Meadows Dr. Altoona, IA 50009-0901 Ph: 515-967-1260; Fax: 515-967-1290 O @ \$10 payable to IRGC (2 YR LIC) Prints \$36 payable to RCI or \$42 payable to IRGC	Mobile County Racing Commission P.O. Box 1886 Mobile, AL 36633 Ph: 251-653-4820; Fax: 251-653-4850 O @ \$25 payable to MCRC No Prints Required	Pennsylvania HARNESS Racing Comm. P.O. Box 427 Meadow Lands, PA 15347 Ph: 724-223-4585; Fax: 724-223-4305 O @ \$120 (Only offer 3 YR LICENSE) Prints \$40 on PA fingerprint card every 3 yrs			
California Horse Racing Board 1010 Hurley Way, Suite 300 Sacramento, CA 95825 Ph: 916-263-6000; Fax: 916-263-6042 O @ \$150 payable to CHRB (Only offer 3 YR LICENSE) Only State Prints Required	Jamaica Racing Commission P.O. Box 309 Kingston 10, Jamaica Ph: 876- 926-2727; Fax: 876-926-2207 0 @ \$3,000 Jamaican dollars payable to JRC. Require 2 passport size photos No Prints Required	Nebraska State Racing Commission P.O. Box 95014 Lincoln, NE 68509 Ph: 402-471-4155; Fax: 402-471-2339 O @ \$30 payable to NSRC Prints \$38 payable to NSRC	Puerto Rico Racing Industry and Sport Administration P.O. Box 29156 65th Inf. Station San Juan, PR 00929-0156 Ph: 787-768-2005; Fax: 787-762-1105 NEW: 0 @ \$250+\$50 Colors; RENEW: 0 @ \$125 + \$25 Colors; \$500 4-YR + \$100 Colors Payable to PR Treasury Dept. No Prints Required			
Colorado Division of Racing Events 1881 Pierce Street, Suite 108 Lakewood, CO 80214-1494 Ph: 303-205-2990; Fax: 303-205-2950 NEW: O @ \$75 (incl. state and FBI prints) (\$85 if State &RCI prints-RCI prints payable to RCI) RENEW: O @ \$25. Pay all to CDRE, except RCI prints	Kentucky Horse Racing Commission 4063 Iron Works Parkway Lexington, KY 40511-8434 Ph: 859-246-2040; Faxed apps not allowed. TB 0 @ \$150; H 0 @\$125 payable to KHRC. No Prints Required	New Hampshire Racing & Charit. Gaming 57 Regional Dr., Unit #3 Concord, NH 03301-8518 Ph: 603-271-2158; Fax: 603-271-3381 H-0 @ \$40; GH-0 @ \$40; w/colors @ \$25; Criminal records check required - \$25 All payable to NHPMC.	Texas Racing Commission 8505 Cross Park Drive, Suite 110 Austin, TX 78754-4594 Ph: 512-833-6699; Fax: 512-833-6907 0 @ \$100 (1 YR LIC); \$200 (2 YR LIC); \$300 (3 YR LIC) payable to TXRC Finger Prints-contact Commission			
Delaware HARNESS Racing Commission 2320 South Dupont Highway Dover, DE 19901 Harrington Ph:302-342-3008;Fax:302-342-3009 Dover Ph: 302-857-3240; Fax: 302-741-8995 O @ \$50 (1 YR LIC); O @ 100 (2 YR LIC); @ \$150 (3 YR LIC)Prints \$65 every 6 years payable to DHRC	Louisiana State Racing Commission 320 North Carrollton Ave, Suite 2-B New Orleans, LA 70119 Ph: 504-483-4000; Fax: 504-483-4898 O @ \$25 (1 YR LIC); O @ \$75 (3 YR LIC); Colors fee: 1 YR @ \$25; 3 YR @ \$75. All payable to LSRC. No Prints Required	New Jersey Racing Commission P.O. Box 088 Trenton, NJ 08625 Ph: 609-292-0613; Fax: 609-599-1785 0 @ \$50 (1 YR LIC); \$150 (3 YR LIC) & One time NJ State prints \$40 payable to NJRC. RCI prints \$36 payable to RCI	Virginia Racing Commission 5707 Huntsman Road, Suite 201 B Richmond, VA 23250 Ph: 804-966-7415 O @ \$25 payable to VRC Prints \$25 on VA print card payable to VRC			
Delaware Thoroughbred Racing Comm. 777 Delaware Park Blvd Wilmington, DE 19804 Ph: 302-994-2521,x7148; Fax: 302-993-8949 0 @ \$50 (1 YR LIC); 0 @ \$150 (3 YR LIC) Prints \$79 processed through DTRC payable to DTRC	Maine Harness Racing Commission 28 State House Station, Derring Building Augusta, ME 04333-0028 Ph: 207-287-3221; Fax: 207-287-7548 O @ \$35 payable to MHRC No Prints Required	New Mexico Racing Commission 4900 Alameda Boulevard NE Albuquerque, NM 87113-1736 Ph: 505-841-6400; Fax: 505-841-6413 O @ \$100 (1 YR LIC) O @ \$120 (3 YR LIC) Payable to NMRC. Prints \$36 payable to RCI	Washington Horse Racing Commission 6326 Martin Way, Suite 209 Olympia, WA 98516 Ph: 360-459-6462; Fax: 360-459-6461 O @ \$226 payable to WHRC (includes \$150 paymentfor Worker's Com, \$66 lic fee, \$10 State of WA finger print fee - {required every 3 yrs}}			
*Florida Division of Pari-Mutuel Wagering 1940 North Monroe Street Tallahassee, FL 32399-1037 Ph: 850-488-9130; Fax: 850-488-0550 0 @ \$80 (3 YR LIC) pay to DBPR/PMW. If Florida prints used, print fee is \$47 payable to DBPR/PMM. If RCI prints used, print fee \$36 payable to RCI	Maryland Racing Commission 300 E Towsontowne Boulevard Towson, MD 21286 Ph: 410-296-9682; Fax: 410-296-9687 Thoroughbred op pay jockey fund; Harness O no fee Call for other Charges; State Prints Only – payable to CIIS	New York State Gaming Commission 1 Broadway Center, P.O. Box 7500 Schenectady, NY 12305-2553 Ph: 518-388-4000; Fax: 518-347-1439 NEW: 0 @ \$189.75 - includes print fees. RENEW: 0 @ \$50/year up to 3 consec. yrs. 2self photos. All payable to NYSGC	West Virginia Racing Commission 900 Pennsylvania Avenue, Suite 533 Charleston, WV 25302 Ph: 304-558-2150; Fax: 304-558-6319 O @ \$30.00 payable to WVRC; Prints \$36 payable to WVRC. Send Apps to Track.			
Illinois Racing Board 100 West Randolph Street, Suite 5-700 Chicago, IL 60601 Ph: 312-814-2600; Fax: 312-814-5062 O @ 525 payable to IRB; Prints \$31.50 at Track,	Massachusetts Gaming Commission 101 Federal Street, 12 th Floor Boston, MA 02110 Ph: 617-979-8400 x8436; Fax: 617-725-0258 TRBH-08-30 payable to Commonwealth of MA	Ohio State Racing Commission 77 South High Street, 18th Floor Columbus, OH 43215-6108 Ph: 614-466-2757; Fax: 614-466-1900 O @ \$50 payable to OSRC Prints \$36 payable to OSRC	RCI Multi Application Revised			

Use as a Florida Application Requires the Applicant's signature to be Notarized.

TB&H:O@ \$30 payable to Commonwealth of MA

Prints Required

\$36.50 ink roll Illinois State/FBI fingerprint card

DIRECTIONS FOR USING THIS FORM

1/14/2018

GENERAL INFORMATION: All participating jurisdictions listed on this page have agreed to accept this form in lieu of a state or provincial license form. The list of participating jurisdictions and fees below are current as of April 8, 2015. You may call the Association of Racing Commissioners International (RCI) or participating jurisdictions to inquire about any updates.

APPLICATIONS: Before signing, make the number of copies of the completed application you will need based on the number of states/jurisdictions you'll race in and then sign them, therefore assuring that each racing jurisdiction will have an original signature. Either hand deliver or mail it along with the applicable fee (see fee structure for each jurisdiction below) to each participating jurisdiction where you are seeking a license. You are responsible for delivering this application and applicable fees to each jurisdiction. Participating jurisdictions will not forward copies of this application and fees to other jurisdictions; however, the RCI will forward copies to other jurisdictions at the cost of \$10 per jurisdiction.

FINGERPRINTS: Some states require that first-time licensees submit an RCI fingerprint card and the payment of a \$36 fee. You will submit a fingerprint card to only one of the participating jurisdictions listed above. To have fingerprint reports sent to other jurisdictions where you plan to race, mark those jurisdictions on the back of the RCI fingerprint card. You may select up to nine jurisdictions. You may choose to get fingerprinted at a race track or by your local police or sheriffs office. Regardless of the location, be sure to use the RCI fingerprint card so you can ask that more than one racing commission receive the results from the FBI. Additionally, a renewing licensee may be required to submit fingerprints on a periodic basis. Applicants will be advised of requirements by each jurisdiction. Refer to the fee schedule above for directions regarding to whom checks should be made payable to and whether separate checks are required (one for your license and one for your fingerprints, if using the RCI fingerprint

WHERE TO MAIL FORMS: Completed fingerprints along with a check or money order for \$36 (no cash) may be mailed to the racing commission where you plan to race next or to the commission requiring your prints. This completed license form and applicable license fee must accompany the completed fingerprint card and \$36 fingerprint fee. The payment for fingerprints varies from jurisdiction to jurisdiction. Refer to the boxes above