

Money Order _____
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LICENSE APPLICATION

STATE OF DELAWARE
HARNESS RACING COMMISSION
DEPARTMENT OF AGRICULTURE
2320 S. DUPONT HIGHWAY
DOVER, DELAWARE 19901

For Licensing questions (during live racing only), call:
Dover Downs: 302-674-4600, and ask for licensing office
Harrington Raceway: 302-398-7223, and ask for licensing office.

EXPIRATION DATES

A-D 12-31
E-K 3-31
L-Q 6-30
R-Z 9-30

APPROVED BY:

FOR YEAR 20

Please Print

Year Last Fingerprinted _____

Type of License Applied For:	_____	License Fee	_____
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1. Name of Applicant _____

2. Permanent Home Address _____

Number and Street City State Zip Code

3. Local Address _____

Number and Street City State Zip Code

4. Telephone: Home Number _____ Business Number _____

5. Grooms: Name of Employer or Stable _____

6. Date of Birth ____/____/____ Place of Birth _____

7. Enter Personal description in the following boxes:

SEX	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	OFF-TRACK OCCUP.	SOC. SEC. NO.

8. Yes ___ No ___ Are you a member of the USTA? Membership Number: _____

Expiration Date: _____

9. Yes ___ No ___ Has your license (or your spouse's license) ever been denied, suspended, disapproved or revoked or is a complaint pending in any jurisdiction?

When _____

Where _____

10. Yes ___ No ___ Have you ever been ejected from or denied admission to any race track? If yes, please attach particulars.

11. Yes ___ No ___ **IN THE LAST TEN YEARS HAVE YOU BEEN ARRESTED OR CONVICTED OR SERVED TIME ON ANY CRIMINAL CHARGE OR SERIOUS TRAFFIC OFFENSE INCLUDING DUI? IF SO, PROVIDE ALL INFORMATION CONCERNING THE CHARGE OR CHARGES, INCLUDING DATE, LOCATION AND FINAL DISPOSITION.**

12. Yes ___ No ___ Have you ever been involved in bookmaking or other illegal gambling or associated with anyone so involved? If Yes, please attach particulars.

13. Yes ___ No ___ Do you now have or will you have employees working for you on the track? If yes, you are required by the Delaware Workmen's Compensation Act to secure current insurance to provide for compensation for all such employees.

LIST COMPANY _____

14. Give name, interest, address and other particulars of any partners or other persons interested with you in any manner in the ownership of horses.

NAMES

ADDRESSES

15. OWNERS: Give name of your trainer and where your horses are stabled. _____

16. OWNERS: Give the name of your veterinarian. _____

17. If you are 14-16 years of age, working papers or education certificate must be submitted with this application. Fill in the following:

School District

Certificate Number

ANY PERSON MAKING ANY FALSE, UNTRUE OR MISLEADING STATEMENT ON AN APPLICATION FOR A LICENSE SHALL BE DENIED SUCH LICENSE OR SHALL BE SUSPENDED BY THE HARNESS RACING COMMISSION INDEFINITELY.

I hereby certify that I am not under suspension or in bad standing with any recognized turf body and that I have read the foregoing application and know its contents thereof, and that every statement contained herein is true and correct.

Signature of Applicant

Signature of Parent or Legal Guardian indicating acceptance of full responsibility for this applicant for license when applicant is under 18 years of age.

OWNER'S LICENSE MUST BE OBTAINED BY THE FOLLOWING:

- (A) ALL INDIVIDUALS OWNING, LEASING OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- (B) ALL OFFICERS AND DIRECTORS IN ANY CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.
- (C) ALL STOCKHOLDERS IN A CORPORATION OWNING, LEASING, OR HAVING ANY FINANCIAL INTEREST IN A HORSE.

A person younger than 14 years of age may apply for an owner's license, provided that no licensed owner younger than 14 years of age will be permitted paddock access at any licensed association. If younger than 18 years of age, an applicant for an owner's license shall submit a notarized affidavit from his/her parent or legal guardian stating that the parent or legal guardian expressly assumes responsibility for the applicant's financial, contractual and other obligations relating to the applicant's participation in racing.