

APPLICATION #:

www.isp.state.id.us/race/index.html

SCANNED

License Application

FOR COMMISSION USE ONLY					
License No.	Issued By	Issue Date	Fee	FBI Fingerprint Date	FBI State

I. Licensee Information

TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS.

Select License Category		<input type="checkbox"/> Owner	<input type="checkbox"/> Trainer	<input type="checkbox"/> O/T Combo	<input type="checkbox"/> Jockey	<input type="checkbox"/> Groom
<input type="checkbox"/> Mutuels	<input type="checkbox"/> Admissions	<input type="checkbox"/> Concessions	<input type="checkbox"/> Other _____			
* SSN #, Federal IS #, or Social Insurance #	Full Legal Name (First, Middle, Last)			Maiden or Alias	Date of Birth	
Permanent Home Address at which service of all papers may be made upon you.			City,	State,	Country	Zip
Home Telephone		Business/Emergency Telephone		Place of Birth (City, State)		
Present Address (if different than above)			City,	State,	Zip	Local Phone
Height	Weight	Eye Color	Hair Color	Sex	Marital Status	Citizenship of
					Immigration ID#	

II. Licensee Background

All of the following questions must be answered "yes" or "no". Give details in space provided below or on reverse side.

1. Has your racing license ever been denied, suspended, or revoked; or is there a complaint pending against you or your spouse in any racing jurisdictions? Give details.	
2. Are there any criminal indictments, information's, complaints or any criminal charges whatsoever pending in any jurisdictions against you or your spouse? Give details.	
3. Have you ever been convicted of any crime including by jury verdict of guilty, guilty plea, plea of no contest, or forfeited bail or or bond on any felony or misdemeanor criminal offense (including DWI or DUI)? Give details.	
4. Are you presently on parole or probation for any crime? Give details.	
5. Have you ever been licensed in any other state for racing purposes? If yes, list states.	

III. Name(s) and Signature(s)

Trainer's Name	
Employer's name at racetrack if applicable	Employer's Signature

*Voluntary provision of Social Security Numbers is requested and will be used as a secondary identifier for credit, background and other such investigations.

IV. Insurance Verification**Complete the following if applicable.**

Workers Compensation Insurance Company	Policy Number
Expiration Date	Name of Policy Holder

ALL APPLICANTS MUST READ THE FOLLOWING AND SIGN BELOW**V. Conditions**

- 1.** The undersigned applicant understands and AUTHORIZES the Idaho Racing Commission or its agents/investigators to conduct a background investigation and authorizes the release of any information requested by said agents/investigators and that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- 2.** By submitting this application, the undersigned, do hereby (i) agree to abide by the rules and regulations of the pari-mutuel regulatory agency, the laws of the United States of America, Canada, state/provincial government, municipalities and other subdivisions thereof; and (ii) agree to abide by any provision regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any right I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and in the seizure of any article the having of which may be forbidden.
- 3.** I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this form is subject to condition precedent as set out in the administrative rules of the Idaho State Racing Commission, and that my failure to comply therewith shall be grounds for immediate voidance or revocation of such license. By acceptance of said license, I agree to abide by the Rules of Racing and rulings or decisions of the Stewards and Judges with the knowledge that rulings or decisions of the Stewards and Judges shall remain in force until reversed or modified only by the authorized regulatory agency.
- 4.** I understand that as a condition of licensure in the State of Idaho by the Idaho State Racing Commission (ISRC), the ISRC may release applicant information, regulatory rulings and other such information obtained by the Racing Commission for the purpose of determining eligibility for licensing in the state of Idaho. The information will be used for identification and licensing purposes and as otherwise authorized by the ISRC, including for a multi-state licensing database and any other state racing commission/jurisdiction, for the purpose of information sharing and maintaining consistency and the integrity of the interstate and/or international horse racing industries.

I, _____, hereby release any Idaho State Racing Commission officers, employees and agents from all liability for any damages that may result to me as a result of this condition. This release is binding, now and in the future, on my heirs, assigns, associates and personal representative(s) of any nature. Copies of this application that show my signature are as valid as the original application signed by me.
(applicant name written here)
- 5.** I hereby certify, under penalty of perjury, that I have read the foregoing form and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be revoked at any time for misstatement or omissions in the foregoing form. I also agree to abide by and obey the rules and regulations and conditions of the authorized regulatory agency in the jurisdictions in which I am granted a license.
- 6.** I expressly agree to be subject to the subpoena powers of the authorized regulatory agency or a written request issued in lieu of a subpoena and to provide the agency with any and all such information or documents which it may so request. This agreement shall extend to anything which relates to any matter which is the subject of an agency hearing or investigation.

APPLICANT Signature/Date**STEWARD/JUDGE OR REGULATORY AGENCY REP**

Steward/Regulatory Agency signature is required only for specific license types.