



RACETRACK OCCUPATION LICENSE APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 59125 (10-2021)

TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS

Photo identification may be required.

North Dakota Racing Commission
4501 Coleman Street, Suite 100
Bismarck ND 58503-0996
(701) 328-4633 Fax: (701) 328-4280
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

Year	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
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For Office Use Only	
Steward's Approval	
License Fee	Paid By <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Check
Receipt Number	NDRC License Number
Date of Issue	Posted to ARCI

APPLYING FOR (select only ONE for both license types below). **Complete additional application for each occupation.**

Occupation Licenses				
<input type="checkbox"/> Announcer	<input type="checkbox"/> Jockey Agent	<input type="checkbox"/> Photo Employee	<input type="checkbox"/> Trainer/Assistant Trainer	<input type="checkbox"/> NDRC Commissioner
<input type="checkbox"/> Duplicate License	<input type="checkbox"/> Outrider	<input type="checkbox"/> Pony Person	<input type="checkbox"/> Other: _____	<input type="checkbox"/> State Intern/Licensing Staff
<input type="checkbox"/> Gate Assistant	<input type="checkbox"/> Owner	<input type="checkbox"/> Security Staff		<input type="checkbox"/> State Investigator
<input type="checkbox"/> Groom	<input type="checkbox"/> Owner/Trainer	<input type="checkbox"/> Stable Name		<input type="checkbox"/> State Steward
<input type="checkbox"/> Jockey/Apprentice Jockey	<input type="checkbox"/> Pari-mutuel Employee	<input type="checkbox"/> Totalizator Operator		<input type="checkbox"/> State Veterinarian
				<input type="checkbox"/> Tribal Official

Racing Official Licenses				
<input type="checkbox"/> Assistant Veterinarian	<input type="checkbox"/> Auditor	<input type="checkbox"/> Horse Identifier	<input type="checkbox"/> Racing Secretary	<input type="checkbox"/> Track Superintendent
<input type="checkbox"/> Association Steward	<input type="checkbox"/> Horsemen's Bookkeeper	<input type="checkbox"/> Paddock Judge	<input type="checkbox"/> Racing Secretary Assistant	
<input type="checkbox"/> Association Veterinarian	<input type="checkbox"/> Clerk of Scales	<input type="checkbox"/> Pari-mutuel Manager	<input type="checkbox"/> Starter	

Last Name		First Name		Middle Name (no initials)		Maiden or Alias Name	
Permanent Home Address (where service of all papers may be made upon you)				City		State	ZIP Code
Type of Identification		Issued By		Authorization/Release for Local or State Record Check <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth		Age	Email Address				
Home Telephone Number		Cell Phone		Business Telephone Number		Fax Number	
Local Address (if different from above)			City		State	ZIP Code	Local Telephone Number
Height	Weight	Eye Color	Hair Color	Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If not a US Citizen, List What Country			Immigration ID Number (if applicable)		
Employer/Trainer's Name at Racetrack (if applicable)				Signature			

Workers' Compensation information is required by law in North Dakota. PROOF OF INSURANCE MUST BE PROVIDED PRIOR TO LICENSING. Do you currently have Workers' Compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company Name		Policy Number	Expiration Date

Do you have employees working at any North Dakota track? <input type="checkbox"/> No <input type="checkbox"/> Yes - list name and job below	
Name	Job

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

1. Have you (or spouse) ever been fined over \$100 or has your (or spouse) license ever been denied, suspended or revoked or is a complaint pending against you (or spouse) in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you (or spouse) ever been arrested or convicted of any crime (except minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you currently have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you had your fingerprints submitted to the FBI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Submitted	State Submitted
5. Are you (or spouse) currently on parole or probation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever been licensed in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction	In What Capacity
Complete details for "Yes" answers.			

List horses owned or leased by you, wholly or in part. A copy of the lease agreement(s) must be attached to the application.

Horse Name	Name of Lessor (if applicable)	Address of Lessor (if applicable)

If in co-ownership, list name and percent of ownership held by each.

Name	Percent (%) of Share

If incorporated, copy of Certificate of Incorporation must be attached.

Entity fees may apply and additional forms may be required by some jurisdictions.

By the acceptance of any license issued pursuant to this application, I agree and consent the search, within the grounds of the permit holder, or any premises which I may occupy or control or have the right to occupy or control as a result of said license and my personal property and effects, at all times without a search and waive all claims arising out of such search against North Dakota Racing Commission, or the members thereof, and/or officials of any track under its jurisdiction, or the racing association on whose premises the search is made, and the seizure of any article, the having of which such grounds may be forbidden.

I agree that any correspondence, notice of hearing or right of appeal from the North Dakota Racing Commission mailed to me at the address listed on this application constitutes reasonable notice under the laws of North Dakota and the rules of the North Dakota Racing Commission.

I HEREBY CERTIFY that I have read the foregoing application and know and understand the contents thereof, and that every statement contained therein is true and correct. I hereby agree that as a condition of receiving said license, that I will abide by and obey the rules, regulations and conditions of the North Dakota Racing Commission and the laws of the State of North Dakota. I consent to the search of any and all police records on me and to the release of such information contained therein to racing officials. I further agree that the said license may be summarily revoked, cancelled, temporarily suspended or withdrawn by the North Dakota Racing Commission at any time, because of infractions or the rules of racing, or for misstatement or omissions in this application.

Applicant Signature	Date
Parent or Guardian Signature (if applicable)	Date