



RACETRACK OCCUPATION LICENSE APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 59125 (08-2017)

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

TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS

Photo identification may be required.

North Dakota Racing Commission
 500 N 9th Street, Bismarck, ND 58501-4509
 (701) 328-4633 Fax: (701) 328-4280
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

Year											
Occupation (<i>check one</i>)											
<input type="checkbox"/> Announcer	<input type="checkbox"/> Gate Assistant	<input type="checkbox"/> Groom	<input type="checkbox"/> Investigator	<input type="checkbox"/> Jockey/Agent	<input type="checkbox"/> Jockey/Apprentice Jockey	<input type="checkbox"/> Mutuel Employee	<input type="checkbox"/> Outrider	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner/Trainer	<input type="checkbox"/> Photo Employee	
<input type="checkbox"/> Assistant Veterinarian	<input type="checkbox"/> Association Steward	<input type="checkbox"/> Association Veterinarian	<input type="checkbox"/> Duplicate License	<input type="checkbox"/> Licensing Staff	<input type="checkbox"/> Pari-Mutuel Manager	<input type="checkbox"/> Photo Employee	<input type="checkbox"/> Pony Person	<input type="checkbox"/> Racing Secretary	<input type="checkbox"/> Security Staff	<input type="checkbox"/> Stable Name	
<input type="checkbox"/> State Steward	<input type="checkbox"/> State Veterinarian	<input type="checkbox"/> Totalizator Operator	<input type="checkbox"/> Trainer/Assistant Trainer	<input type="checkbox"/> Other: _____							
Social Security Number*		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	
Drivers License Number				State Issued		Authorization/Release for Local or State Record Check <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth		Age	Place of Birth				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)				
Spouse's Date of Birth		Spouse's Last Name			Spouse's First Name			Spouse's Middle Name		Spouse's Maiden Name	
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	

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 for any crime (except minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Have you (or spouse) been convicted of any crime (except minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you currently have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Have you had your fingerprints submitted to the FBI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Submitted	State Submitted
6. Are you (or spouse) currently on parole or probation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. 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.

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

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)

Complete the following (if applicable)

How is ownership to be listed on official race program?	Name of Person Designated to Act for the Entity in All Racing Matters
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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

Disclosure of Social Security Number

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national racing database to determine eligibility for licensure and detect violations of law or racing regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.