DR 9013 (06/02)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF RACING EVENTS
1881 PIERCE STREET SUITE 108
LAKEWOOD, COLORADO 80214-1494
PHONE (303) 205-2990
FAX (303) 205-2950

SUPPORT OCCUPATIONAL LICENSE APPLICATION 3-YEAR

Providing false information on this application may result in denial, revocation, or other disciplinary action.

Please Check:
- ☐ Horse
- ☐ Greyhound
- ☐ Horse ***and*** Greyhound
- ☐ OTB Location: _____

Some license types may require interviewing or testing.

For Official Use Only

Date Received ☐ Mail ☐ Walk-in	CRC Rep	Location	License/Badge Number
Cash $	☐ New ☐ Renewal		
Check/Money Order Number # $	FP Card Received ☐ Yes ☐ No		CRC Rep

REQUIRED: A photocopy of a valid driver's license with photo, State I.D., passport or certified copy of your birth certificate. Please make checks or money orders payable to the Division of Racing Events. By law, all insufficient funds returned to the Division will be assessed a penalty equal to the amount of the check plus $15.00 in addition to any other penalty that may be assessed by the Commission. License fees are nonrefundable. **NEW APPLICATION: FINGERPRINTS MUST BE SUBMITTED.**

◆ Pursuant to Commission rules: All licensees or applicants for licensure shall promptly notify the Division of any change of address Validation cards for future meets shall be considered part of this application.

JOB CATEGORY - PLEASE WRITE APPROPRIATE CATEGORY IN #1 BELOW.

APPRENTICE JOCKEY	HUB SUPERVISOR	OWNER/ASSISTANT TRAINER
ASSISTANT MUTUEL MANAGER	IDENTIFIER	OWNER/TRAINER
ASSISTANT RACING SECRETARY	JOCKEY	PADDOCK JUDGE
ASSISTANT STARTER	JOCKEY AGENT	PLACING JUDGE
ASSISTANT TRAINER	LURE OPERATOR	PRIVATE VETERINARIAN
AUTHORIZED AGENT	MONEY ROOM MANAGER	SECURITY GUARD (ARMED-UNARMED)
CHARTWRITER	MUTUEL EMPLOYEE	STARTER
CLERK OF SCALES	OTB MANAGER	TOTE TECHNICIAN
DIRECTOR OF SIMULCASTING	OTHER	TRAINER
HORSE PERSON'S BOOKKEEPER	OWNER	VIDEO OPERATOR

PLEASE PRINT IN INK OR TYPE. ANSWER ALL QUESTIONS, IF NOT APPLICABLE, WRITE N/A.

1. Type of Support License (job category)		1a. Additional License Type (job category)	
2. **Full** Legal Name (last, first, middle)			Maiden Name (if applicable)
3. Other Name(s), alias(es), nickname(s) used			
4. Mailing address for service of all papers and notices. ◆			Apt. Number
City		State	ZIP
Home Phone ( )	Business Phone ( )	Social Security Number	
5. Local address during meet *(if different from above)*	City	State	ZIP
Date of Birth	Birth City	Birth State	Country of Birth
Sex ☐ Male ☐ Female	Hair	Eyes	Height	Weight
6. Are you a citizen of the U.S. ☐ Yes ☐ No If "NO" provide documentation of authorization to work in the United States **and** Alien Registration Number.			
Documentation of Authorization to Work in U.S.		Alien Registration Number	

Middle Name

First Name

Last Name

7. LICENSE HISTORY

Yes No

☐ ☐ A. Are you presently licensed, or have you been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado?

If you answered "Yes" to this question, provide the following information. Use additional paper if necessary.

State	Year Issued	License Occupation	State	Year Issued	License Occupation

8. BACKGROUND INFORMATION - BE SPECIFIC - OMISSION COULD EFFECT LICENSE

Yes No

☐ ☐ A. Within the last **ten** years, have you had contact with law enforcement (been arrested, cited, charged with a crime)

☐ ☐ B. Within the last **ten** years, have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance?

☐ ☐ C. Within the last **ten** years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended?

☐ ☐ D. Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation.

☐ ☐ E. Within the last **ten** years, have you been placed under or on court supervision, probation or parole?

☐ ☐ F. Are you delinquent in payments for child support? If yes, please provide explanation.

If you answered "Yes" to any of the above questions, provide the following information. Use additional paper if necessary.

Date	County	State	Nature of Charge/Crime/Offense	Final Result

9. RACING/GAMING HISTORY/INFRACTIONS

Yes No

☐ ☐ A. Have you ever been convicted of any gambling related offense?

☐ ☐ B. Has your racing or gaming license ever been denied or revoked?

☐ ☐ C. Have you been placed under suspension for more than 7 days, or are you currently under suspension or the subject of any alleged rule violation in this or any other racing or gaming jurisdiction?

☐ ☐ D. Have you ever been ruled off, suspended, or discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board?

If you answered "Yes" to any of these questions, provide the following information. Use additional paper if necessary.

Date	State	Suspension, Denial, Revocation, Etc.	Restored
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

	Yes	No	
10.	☐	☐	Do you have any relatives who are employees of the Division of Racing Events? If so, please list names: _____
11.	☐	☐	**Are you employed at a Colorado racetrack, an off-track betting facility, kennel, stable or other business connected with racing? If "YES" provide signature of employer or supervisor.**

Signature of Employer or Supervisor	Date

12. In case of emergency please notify (name)			Phone ( )	
Address	City	State	ZIP	Relationship

13. If the applicant is under 18 years of age, provide signature of parent or legal guardian

I, the Parent/Guardian of _____,who is under the age of 18, do hereby fully assume full financial responsibility for this minor.

Signature of Parent/Guardian	Date

CERTIFICATION

IMPORTANT • READ AND SIGN

By accepting any license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Colorado Racing Commission's regulations pertaining to racing **(which may include "for cause" or random drug and alcohol testing)**, and laws of the United States and the State of Colorado, and the subdivisions thereof. I consent to allow personnel of the Division of Racing Events or authorized law enforcement agents to search, without warrant, my person, personal property, vehicle(s), and other work premises while within the racetrack, simulcast facility, other licensed premises, or any adjacent related facilities and premises thereto, pursuant to Commission rules. I understand that any investigation and any information submitted regarding this application are subject to the Open Records Act of Colorado, and I hereby waive any right of confidentiality. I authorize all reporting agencies and other law enforcement agencies to release to the Commission, the Division, or its agents, any information requested by them for completion of the background investigation and processing of this application. I consent to the release of the information contained in my application to law enforcement agents of this or any other state, or the U.S. government; and I understand that providing false information or failing to provide complete information on this application will justify either the Commission or the Division to assess a fine, refuse to issue, deny, suspend, revoke my license, or institute other disciplinary action. I understand that my fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI).

In consideration for any of the investigatory agencies releasing any information concerning me contained within criminal history record files to either the Commission or the Division, or to each other, I, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Commission, the Division, investigating agencies, their officers and employees, from all liability for any claim of damage resulting from this information.

I understand and agree that any license I receive from the Division, issued pursuant to this application, shall be temporary and conditioned upon the Division rendering a final determination on my suitability to receive permanent licensure. Any limitation or condition upon my temporary licensure does not constitute a final determination, and is not appealable until I receive such a final determination from the Division. Until I receive such a final determination from the Division, I agree and consent to the license being ***summarily denied*** upon demand and notice provided to my address noted herein, subject only to my right to appeal such action to the Commission. All license badges remain the property of the Division, and shall be returned upon demand by either the Commission or the Division. I understand that all license and application fees are nonrefundable whether or not I am approved for licensure.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE COMPLETE AND TRUE AND THAT NO MATERIAL FACTS OR INFORMATION RELEVANT TO QUALIFICATION HAVE BEEN OMITTED.

Signature of Applicant	Date

OWNER/TRAINER/KENNEL/STABLE/JOCKEY

COLORADO LAW REQUIRES EVERY EMPLOYER TO CARRY WORKER'S COMPENSATION INSURANCE
ALL REGISTRATION AND LEASE PAPERS MUST BE ON FILE IN THE RACING OFFICE

OWNERS (ONLY) ☐ Horse ☐ Greyhound **MUST ANSWER QUESTIONS 1 – 8.**

1. Name of your Trainer

2. Will you be racing under a stable/kennel name? ☐ Yes ☐ No If yes, complete #3.

3. Stable/Kennel Name *(to be listed in program)*

4. Track(s) Running At:

INSTRUCTIONS
All persons involved in a partnership must obtain an Owner's license. For corporations, only one corporate officer must obtain an owner's license and the authorized agent must be licensed. For LLC's, at least one managing partner and an authorized agent must be licensed. Written notice must be given to the Colorado Racing Commission prior to any change in ownership.

5. Are you part of a racing corporation, partnership, or limited liability company? ☐ Yes ☐ No
If yes, you must provide a Corporation/Partnership/Kennel/Stable Name Form with this application.

Name(s) of Corporation, Limited Liability Company, Partnership, Kennel, or Stable

6. Do you have an Authorized Agent? ☐ Yes ☐ No

7. Agent's Name

Owners who appoint an Authorized Agent must provide him/her with an Affidavit of Appointment stating the authority of the agent.

8. I attest that I own racing animals which will run in Colorado.

Signature | Date

TRAINER/ASSISTANT TRAINER (ONLY)

Have you taken the Colorado Test?	☐ Yes ☐ No	Date of Test	
Have you previously had a Trainer/Asst. Trainer's License?	☐ Yes ☐ No	Where?	What year?

INSTRUCTIONS
Trainers must fill out a trainer's stable roster before a license will be validated.
Trainers employing an Assistant Trainer must complete a Trainer's/Assistant Trainer's agreement form.

JOCKEY/APPRENTICE JOCKEY (ONLY)

Do you have an Agent? ☐ Yes ☐ No If you answer yes you must fill out a JOCKEY AGENT'S form. ***Note:*** **If you dismiss an agent you must immediately notify the Racing Division in writing.**

Agent's Name

Apprentices Only

I have ridden _____ Winners. I rode my first winner on _____
Date

at _____.
Track