DR 9013 (04/15/13)
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

☐ Horse☐ Greyhound☐ OTB Location:☐ Minor

Please Check:

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

Some license types may require interviewing or testing.

For Official Use Only									
Date Received	Walk-in CRC Rep		Location		License/Ba	dge #			
Cash \$ New Renewa			PSR#		PSR#				
Check, Money Order Number # \$ Fingerprint card(s) re # Yes \(\sum \) No			wived Met Tote Standards: (Division Auditor's Signature)			ure)			
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 \$41.00 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 k Apprentice Jockey Assistant Mutuel Manager Horse Person's Bookkeeper Assistant Racing Secretary Hub Supervisor Assistant Starter Identifier Assistant Trainer Jockey Authorized Agent Chartwriter Clerk of Scales Money Room Manager Please print in ink or type. Answer all 1. Type of support license (Job Category) First name 3. Other Name(s), Alias(es), Nickname(s) Used			Mutuel Employee						
City			State			ZIP	ZIP		
7. Business phone 8. Cell phone ()			9. SSN						
10. Local address during meet (If different than above)			City State ZIP				ZIP		
11. Date of Birth	Birth City	1		Birth State		Country of Birth			
Sex		Height			Weight				
12. 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.									
		For Office							
License #	PSR#								

11. License History										
□Yes	□No			oresently license ding Colorado?	ed, or has	s it been I	icensed within th	ne last five (5) years by any ra	acing or g	gaming
If you an	swered	"Yes" to	this questio	n, provide the fo	llowing i	nformatio	n. Use additiona	l paper if necessary.		
State	Year I	ssued	L	icense Type		State	Year Issued	License Typ	е	
12. Back	ground	d Inforn	nation - Be	specific. Om	ission	could e	ffect license			
☐Yes	□No	A. With	in the last te	n years, have yo	ou had co	ontact wit	h law enforceme	nt (been arrested, cited, char	ged with a	a crime)
☐Yes	□No							of guilty or no contest, forfei ense, or local ordinance?	ted bail, d	or been
Yes No C. Within the last ten years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended?										
Yes \square No 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. Yes No E. Within the last ten years, have you been placed under or on court supervision, probation or parole?										
_ ☐ Yes						•		rovide explanation.		
If "Yes	" to any	of the at	oove questic	ons, provide the	following	j informat	ion. Use additior	nal paper if necessary.		
Date	•	C	ounty	State		N	ature of Charge/C	Crime/Offense	Final Result	
13. Racii	ng/Gan	ning Hi	story/Infra	ctions						
☐Yes	□No	A. Hav	e you ever	been convicte	d of any	/ gamblir	ng related offer	nse?		
☐ Yes ☐ No B. Has your racing or gaming license ever been denied or revoked?										
Yes	□No	susp						ays, or are you currently un s or any other racing or ga		
☐Yes	□No	D. Have	e you ever b	een ruled off, su y any commission			narged for cause	, or denied the privileges of a	racetrac	ck or
If you a	answere	•					g information. Us	se additional paper if necessa	ary.	
Date			State				Denial, Revocati		Rest	ored
									☐Yes	□No
									Yes	□No
									Yes	□No
									☐Yes	□No
									Yes	□No
									Yes	□No
					For Off	fice Use				
License #						PSR	#			

14. Yes No Do you have any relatives who are emplo	yees of the Division of Racin g	Events? If so.	, please list nam	nes:	
15. Yes No Are you employed at a Colorado racetr with racing? If "YES" provide signature	ack, an off-track betting facili e of employer or supervisor:	ity, kennel, sta	able or other bu	usiness connected	
Signature of Employer or Supervisor		-	Date		
16. In case of emergency please notify (name)	Phone ()				
Address	State	ZIP	Relationship		
17. If the applicant is under 18 years of age, provide signature of	f parent or legal guardian		1		
I, the Parent/Guardian ofdo hereby fully assume full financial responsibility for this m	inor.		.,who is under th	ne age of 18,	
Signature of Parent/Guardian		Date			
С	ertification				
Import	ant • Read and Sigr	1			
alcohol testing), and laws of the United States and personnel of the Division of Racing Events or author personal property, vehicle(s), and other work premise or any adjacent related facilities and premises thereto any information submitted regarding this application a right of confidentiality. I authorize all reporting agence the Division, or its agents, any information requested of this application. I consent to the release of the information on this application will justify either the Correvoke my license, or institute other disciplinary activities the Colorado Bureau of Investigation on the consideration for any of the investigatory agencies.	orized law enforcement ages while within the racetrace, pursuant to Commission are subject to the Open Receies and other law enforcements by them for completion of cormation contained in my addrest and that providing falmmission or the Division to on. I understand that my find (CBI) and the Federal E	ents to seamed, simulcast rules. I under cords Act of Conent agencie the backgroupplication to see informatic assess a fine ngerprints we Bureau of Investigation to the second s	ch, without w facility, other rstand that an Colorado, and es to release tund investigate o law enforcer on or failing to e, refuse to issuill be used to restigation (Flux).	arrant, my person, licensed premises, my investigation and I hereby waive any to the Commission, ion and processing ment agents of this provide complete sue, deny, suspend, check the criminal BI).	
history record files to either the Commission or the D sentatives, heirs, and assigns, hereby release, waive investigating agencies, their officers and employees,	Division, or to each other, I, e, discharge and agree to l	on behalf of hold harmles	myself, my s s the Commi	pouse, legal repression, the Division,	
I understand and agree that any license I receive from conditioned upon the Division rendering a final determor condition upon my temporary licensure does not such a final determination from the Division. Until I reto the license being summarily denied upon demarright to appeal such action to the Commission. All licupon demand by either the Commission or the Division whether or not I am approved for licensure. I certify under penalty of perjury that the statements.	mination on my suitability to constitute a final determination or a final determination and notice provided to rense badges remain the pon. I understand that all lice	o receive per nation, and i nation from the my address in roperty of the ense and ap	manent licentis not appeal he Division, I noted herein, e Division, an plication fees	sure. Any limitation able until I receive agree and consent subject only to my d shall be returned are nonrefundable	
and true and that no material facts or information			omitted.	non are complete	
Signature of Applicant			Date		
Fc License #	or Office Use Only				
LIGHTSO T	11 51\#				

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. Email address					
3. Will you be racing under a stable/kennel name? ☐ Yes ☐ No If yes, complete #3.						
4. Stable/Kennel Name (to be listed in program)						
5. Track(s) running at:						
Instructions All persons involved in a partnership must obtain an Owner's licens owner's license and the authorized agent must be licensed. For LL be licensed. Written notice must be given to the Colorado Racing C	C's, at least one managing partner and an authorized agent must					
6. Are you part of a racing corporation, partnership, or limited liability compa						
If yes, you must provide a Corporation/Partnership/Kennel/Stable Name I						
Name(s) of Corporation, Limited Liability Company, Partnership, Kennel, or	Stable					
7. Do you have an Authorized Agent? Yes No						
8. Agent's Name						
Owners who appoint an Authorized Agent must provide him/her v	with an Affidavit of Appointment stating the authority of the agent.					
9. I attest that I own racing animals which will run in Colorado.						
Signature	Date					
Trainer/Assistant Trainer (Only)	· · · · · · · · · · · · · · · · · · ·					
Have you taken the Colorado Test?	No Date of Test					
Have you previously had a Trainer/Assistant Trainer's License? Yes	No Where? What year?					
Instructions Trainers must fill out a trainer's stable roster before a license will be Trainers employing an Assistant Trainer must complete a Trainer's/						
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 Name	Email Address					
Apprentices Only I have riddenWinners. I rode at (Track)	my first winner on (Date)					
For Office Use Only						
License #	PSR#					