

Registration Occupational Application 1-Year/30-Day/Limited

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

Please Check:
 Horse
 Greyhound
 OTB Location: _____
 Minor
 Some license types may require
 interviewing or testing.

For Official Use Only				
Date Received <input type="checkbox"/> Mail <input type="checkbox"/> Walk-in	CRC Rep	Location	License/Badge #	
Check, Money Order Number # \$	Cash \$	PSR #		
<p>* One time only. Mutual trainees may not have been previously licensed in the last five years in Colorado or any other state. Trainees must be accompanied by a licensed supervisor at all times.</p> <p>** Pursuant to Commission rules: All licensees or applicants for licensure shall notify the Division promptly of any change of address. Validation cards for future meets shall be considered part of this application.</p>				
A photocopy of a valid driver's license with photo, State I.D., passport or certified copy of your birth certificate must be presented at the time of application.				
Job Category (Please write appropriate category in question #1 below.)				
<input type="checkbox"/> Animal Tattooer	<input type="checkbox"/> Fair Circuit	<input type="checkbox"/> Maintenance*	<input type="checkbox"/> Plater	<input type="checkbox"/> Temporary Tote Technician
<input type="checkbox"/> Announcer	<input type="checkbox"/> Faculty OTB Manager	<input type="checkbox"/> Nurse/EMT	<input type="checkbox"/> Plant/Trk. Supervisor	<input type="checkbox"/> Track Supervisor
<input type="checkbox"/> Assistant OTB Manager	<input type="checkbox"/> Groom	<input type="checkbox"/> Office Personal*	<input type="checkbox"/> Pony Person	<input type="checkbox"/> Trainee(M) (30 days)**
<input type="checkbox"/> Brake Person	<input type="checkbox"/> Head Leadout	<input type="checkbox"/> Other	<input type="checkbox"/> Racing Form Employee*	<input type="checkbox"/> Usher
<input type="checkbox"/> Clocker	<input type="checkbox"/> Jky. Room Customer	<input type="checkbox"/> Outrider	<input type="checkbox"/> Restaurant Employee*	<input type="checkbox"/> Video Technician
<input type="checkbox"/> Concession Employee*	<input type="checkbox"/> Jky. Valet	<input type="checkbox"/> Photo Operator	<input type="checkbox"/> Stable Supervisor	<input type="checkbox"/> Racing Club Association
<input type="checkbox"/> Corporate Agent	<input type="checkbox"/> Kennel Helper	<input type="checkbox"/> Photo Rnnr.	<input type="checkbox"/> Tack Shop Employee	
<input type="checkbox"/> Exercise Rider	<input type="checkbox"/> Kennel Master	<input type="checkbox"/> Plant Supervisor	<input type="checkbox"/> Temporary Tote Operator	
Access to Restricted Areas (Please Print in ink or type. Answer all questions. If not applicable, write N/A.)				
1. Type of Registration License (job-category)		2. Email Address		
3. Legal Last Name	First Name	Middle Initial	Maiden Name (If applicable)	
4. Other Name(s), Alias(es), Nickname(s) Used				
5. Mailing address for service of all papers and notices.				Apt. Number
City		State	ZIP	
6. Local Address During Meet (If different from above)			State	ZIP
7. Business Phone ()	Cell Phone ()	Social Security Number		
Date of Birth	Birth City	Birth State	Country of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Hair	Eyes	Height	Weight
8. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> 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		
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License #		PSR #		

9. License History

Are you presently licensed, or have you been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado? Yes No

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

10. Background Information (Be specific; Omission could effect license)

A. Within the last **ten** years, have you had contact with law enforcement (been arrested, cited, charged with a crime) Yes No

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? Yes No

C. Within the last **ten** years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended? Yes 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 No

F. Are you delinquent in payments for child support? If yes, please provide explanation. Yes No

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

11. Racing History/Infractions

A. Have you ever been convicted of any gambling related offense? Yes No

B. Has your racing or gaming license ever been denied or revoked? Yes No

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? Yes No

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? Yes No

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

Date	State	Suspension, Denial, Revocation, Etc.	Restored to Good Standing
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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License #	PSR #
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12. Do you have any relatives who are employees of the Division of Racing Events? If so, please list names Yes No

13. In case of emergency please notify (Last Name)	First Name	Middle Initial	Phone ()	
Address	City	State	ZIP	Relationship

14. 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
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15. 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. Yes No

Signature of Employer or Supervisor	Date
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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 I may be asked to submit fingerprints and that they 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
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License #	PSR #
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Statement Of Understanding

The Division of Racing Events has approved you for a 45-day temporary Racing License. This 45-day temporary license may still be extended or denied based on the results of your background investigation. In case of denial, you will receive a "Notice of Denial." Upon receipt of such a Notice of Denial, or at the request of a Division official, you must immediately surrender your ID badge (the temporary badge) and you may not continue to work as a licensee. Should you receive a denial of your racing license, the denial is effective immediately. You may appeal the denial of your license application. Until a determination of that appeal, you cannot possess a Racing Division license. This means that you have no right to work in any capacity that requires a Racing License unless the Colorado Racing Commission reverses the denial of your license. You need to understand that you are responsible for knowing about, and complying with, state law and regulations governing racing. You also need to be aware that you may obtain or view these documents at any Division office. Failure to comply with any law or regulation may be grounds for disciplinary action, including the suspension or revocation of your Racing license and a monetary penalty after an administrative hearing. A license status update will be sent to you within 45 days of application. If you have any questions, you may contact the Division at (303) 866-6743.

I understand that the Temporary license being issued today is still subject to denial or suspension pending the results of the Division of Racing Events investigation of my background. I have read the information contained in the above letter and understand my responsibilities as a licensee. I further understand that failure to comply with any law or regulation may be grounds for disciplinary action, including the suspension or revocation of my Racing license and a monetary penalty after an administrative hearing.

Print Name: _____

Signature: _____

Date: _____

Affidavit - Restrictions On Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date (MM/DD/YY)