

Validation Card

Date

This is an addendum to your current original application.

Last Name		First Name		M.I.	Primary Phone Number ()		
Mailing Address				City		State	ZIP
Email Address				<input type="checkbox"/> Check this box to OPT OUT of receiving service of process by email			
Type of License (Racing)		License No. (Racing)		Expiration Date		PSR Number	
Please answer the following questions for the timeframe since your last application or validation card:							
Yes No							
1.	<input type="checkbox"/>	<input type="checkbox"/>	Are there any criminal charges pending against you at this time?				
2.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, or local ordinance?				
3.	<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation on back of card.				
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are you delinquent in the payment of child support? If yes, please provide explanation on back of card.				
5.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any gambling related offense?				
6.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been ruled off, suspended (<i>more than 7 days</i>), or discharged for cause, or denied the privileges of a race track, by any commission or board?				
7.	<input type="checkbox"/>	<input type="checkbox"/>	Have there been any changes (to questions above) since the last meet?				
ARCI <input type="checkbox"/>		GENTAX <input type="checkbox"/>			NCIC/CCIC <input type="checkbox"/>		
Supervisor's or Trainer's Signature or Name				Licensee Signature			