RC-022 (Rev. 12/04)
In accordance with Act 279, Public Acts of 1995

STATE OF MICHIGAN
THE OFFICE OF RACING COMMISSIONER

APPLICATION FOR RESTRICTED AREA PASS

Date _____

FULL NAME _____
Last **First** **Middle**

EMERGENCY CONTACT _____
Full Name **Number and Street** **City** **State** **Zip**

TELEPHONE NUMBERS _____
Permanent **Business** **Fax** **Local** **Emergency**

CURRENT ADDRESS _____
Number and Street **City** **State** **Zip**

PERMANENT ADDRESS _____
Number and Street **City** **State** **Zip**

BIRTH DATE _____ **SOCIAL SECURITY #** _____
Month Day Year **Required**

_____
Height **Weight** **Hair** **Eyes** **Sex**

REASON FOR NEEDING PASS _____

_____

WAIVER: I understand the personal information provided on this form will be used to conduct a search for prior criminal records. I hereby authorize release of my criminal information to the Office of Racing Commissioner.

_____
Automobile Driver License #

_____
Signature of Pass Applicant

_____
Signature of Licensed Owner/Trainer