



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Gaming & Horse Racing Regulation Division
 3062 W. Grand Blvd, L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: (313) 456-2864
 www.michigan.gov/mgcb

HORSEMEN'S ASSOCIATION APPLICATION FOR CERTIFICATION

Name of Organization _____

Address _____

Telephone number _____

Fax _____

Board of Director's name, address, telephone number and position on the Board.
 (Include any additional Board members on a separate sheet of paper and attach to application.)

1. _____
2. _____
3. _____
4. _____
5. _____

Race Meet Licensee with which the organization currently has a contract.

Race Meet Licensee with which organization expects to have a signed contract by
 December 31, 2012 for the 2013 Race Meet.

Name any national affiliations: _____

We the _____ agree to abide by the Horse Racing Law of 1995, and the General
 Rules of Horse Racing in the state of Michigan.

 Certified Horsemen's Organization Representative

 Date

MGCB Official Use Only

Application: Approved

Disapproved

 Richard S. Kalm, Executive Director

 Date