

FOR OFFICE USE ONLY	
Lic No. _____	
Recpt No. _____	
F.P. Year _____	

STATE OF MICHIGAN
MICHIGAN GAMING CONTROL BOARD
OFFICE OF THE EXECUTIVE DIRECTOR
HORSE RACING SECTION

OCCUPATIONAL LICENSE AFFIDAVIT

NAME (First, Middle, Last)		FOR YEAR(S)	
STREET ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER	CURRENTLY LICENSED AS	ADDING LICENSE TYPE	
NAME OF TRAINER			
GROOMS: EMPLOYER NAME		ENDORSEMENT	
ASSISTANT TRAINER: EMPLOYER NAME		ENDORSEMENT	
OWNERS (List horses in which you hold any ownership interest)			

(List all partnerships and stable names)			

TRAINERS (List horses currently being trained by you)			

U.S.T.A. NUMBER	EXPIRATION DATE	DRIVER DESIGNATION <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> M <input type="checkbox"/> V	TRAINER DESIGNATION <input type="checkbox"/> L <input type="checkbox"/> G

CHECK YES OR NO TO THE FOLLOWING QUESTIONS

If the answer to any of the following is YES, please explain below

- YES NO 1. Have you been ruled off, expelled or denied the privileges of any racetrack since your last application?
- YES NO 2. Have you been employed by or associated with a bookmaker since your last application?
- YES NO 3. Have you had any license other than your racing license denied, suspended or revoked since your last application?
- YES NO 4. Are you now under charges for any offense against the law?
- YES NO 5. Have you been convicted of or fined for any criminal offense since your last application?
- YES NO 6. Do you have any racing related monetary judgments outstanding against you?
- 7. List all racing license suspensions of 10 days or more occurring since your last application:

I hereby certify that the information provided in this affidavit is true and I hereby reaffirm my original application, as corrected, including paragraphs 35 and 36, Inspections and Searches and Certification.

Date	APPLICANT'S SIGNATURE
Approval Date	APPROVAL STEWARD'S SIGNATURE