

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

APPLICATION FOR RESTRICTED AREA PASS

Date _____

FULL NAME _____
Last First Middle

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

TELEPHONE NUMBERS _____
Permanent Business Fax Local Emergency

CURRENT ADDRESS _____
Number and Street City State Zip Code

PERMANENT ADDRESS _____
Number and Street City State Zip Code

BIRTH DATE _____ SOCIAL SECURITY NO. _____
Month Day Year Required

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ 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 Michigan Gaming Control Board, Office of the Executive Director.

Automobile Driver License #

Signature of Pass Applicant

Signature of Licensed Owner/Trainer