

Michigan Gaming Control Board Horse Racing Section 3062 W. Grand Blvd. Suite L-700 Detroit, Michigan 48202 Phone: (313) 456-4119 Fax: (517) 763-0398

OCCUPATIONAL LICENSE APPLICATION

FOR	OFFICE USE ONLY
Lic No.	
Check	

6. PHONE NUMBERS (cell phone) (permanent) (fax number) (business) 7. EMERGENCY CONTACT (name of person to be contacted) (phone number) 8. EMAIL ADDRESS 9. CITIZENSHIP (Country) (Immigration Status) (Alien Number) 10. HEIGHT 11. WEIGHT 12. HAIR 13. EYES 14. GENDER IDENTITY Prefer not to say 15. DATE OF BIRTH 16. PLACE OF BIRTH 17. MARITAL STATE OF PROVINCE RACING LICENSES ISSUED TO YOU IN THE LAST TWO YEARS (If not previously licensed, check this box LAST YEAR LICENSED IN MICHIGAN (Year) (Place) (Year) (Year) (Place) (Year) (Place) (Year)	www.michigan.gov/MGCB			;	☐ STANDARDI	BRED	☐ THOROUGHBRED) YEAR		Check	<u> </u>		
General Control General Control Control Control Control Control General Control	1.			`		,		☐ Track Emp	olovee / Teller		□ Vendor			
Driver		☐ Apprer	ntice Jockey	☐ Groo	m	☐ Pony Rider			(s	specify)		(produc	t or service)	
Groduct or service Owner Jockey Agent Veterinarian Restricted Area Intent To Claim		☐ Assista	ant Trainer	☐ Jocke		☐ Trainer		☐ Racing Off	icial		☐ Vendor Employee)		
2. APPLICANT'S NAME (last name) (first name) (middle name) 3. SOCIAL SECURITY NO. (or Canadian Social Insurance N 4. PRESENT ADDRESS (Number & Street or Rural Route, Box Number) (City, Town or Post Office) (State/Province) (Zip Code) (Country) 5. PERMANENT MAILING ADDRESS (Number & Street or Rural Route, Box Number) (City, Town or Post Office) (State/Province) (Zip Code) (Country) 6. PHONE NUMBERS (cell phone) (permanent) (fax number) (business) 7. EMERGENCY CONTACT (name of person to be contacted) (phone number) 8. EMAIL ADDRESS 9. CITIZENSHIP (Country) (immigration Status) (Alien Number) 10. HEIGHT 11. WEIGHT 12. HAIR 13. EYES 14. GENDER IDENTITY Prefer not to say 15. DATE OF BIRTH 16. PLACE OF BIRTH 17. MARITAL STATE OR PROVINCE RACING LICENSES ISSUED TO YOU IN THE LAST TWO YEARS (If not previously licensed, check this box 16. LAST YEAR LICENSED IN MICHIGAN (Year) (Place) (Year) (Year		□ Driver	•	☐ Jocke	ey Agent	☐ Veterinarian	(specif		specify)	_ ' ',	(produc	t or service)		
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(Attach additional sheet if necessary) 28. List all license suspensions of 10 days or more occurring within the last 5 years	(Attach additional sheet if necessary)			iı	in the racing industry?									

Please make check payable to 'State of Michigan'

Email and/or contact us at horseracing@michigan.gov

29.	EMPLOYMENT OTHER THAN RACING (where)		(job title)	(how long)				
30.	STANDARDBRED APPLICANTS - USTA Number Exp. Date)	STANDARDBRED CANADA Number	Exp. Date				
	USTA Driver Designation]F □CD	SC Driver Designation	□B □C □D □F □P □F				
31.	OWNERS Name of your trainer(s) LIST ONLY HORSES CURRENTLY RACING IN MICHIGAN OWNED OR LEASED, SOLELY BY YOUR PROPERTY.	YOU	LIST <u>ONLY</u> HORSES <u>CURRENTLY</u> RACIN YOU, LIST WITH WHOM	IG IN MICHIGAN OWNED OR LEASED <u>IN PART</u> BY				
32.	Do you race under a stable name? ☐ Yes ☐ No If Yes, name of st	table 33	B. Do you race under a partnership? ☐ Ye	es No If Yes, with whom?				
34.	Worker's Disability Compensation	<u> </u>						
	Do you have a worker's compensation insurance policy for your business?	☐ No If yes, v	hat name is the policy under?					
	If no, you must explain why:							
35.	GROOMS, TRACK EMPLOYEES, VENDOR EMPLOYEES, ASSISTANT TRAINER, VETERINARIAN'S ASSISTANT							
	NAME OF EMPLOYER	SIGNATURE	OF TRAINER OR EMPLOYER					
36.	JOCKEY AGENT Name of jockey(s)	Endorsemer	t of jockey(s)					
37.	I expressly agree to be subject to the subpoena powers of the Michigan Gaming Control Board (MGCB), Horse Racing Section or a written request issued in lieu of a subpoena and to provide the MGCB Horse Racing Section with any and all such information or documents which the MGCB Horse Racing Section may so request as authorized under the Michigan Racing Law and rules. I further consent to be subject to the searches provided for in Public Act 279 of 1995, Section 16(4) that authorizes personal inspections including urine and breathalyzer tests, inspections of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the MGCB Horse Racing Section. I agree to fully cooperate with the MGCB Horse Racing Section regulatory investigations and law enforcement investigations related to racing. I also agree to report racing violations and/or criminal activity occurring at or away from the track to the MGCB Horse Racing Section or local, state, and federal law enforcement agencies.							
38.	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.							
	39. CERTIFICATION I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be revoked at any time for misstatements or omissions in the foregoing application. I also agree to obey the rules of the Michigan Gaming Control Board and the State of Michigan statutes.							
40.	When last fingerprinted for racing:	APPLICAN	IT'S SIGNATURE	Date				
41.	Automobile Drivers License Number (state)	MGCB Appro	val (signature)	Date				
42.E	xplanation for Denial:	MGCB Denia	(signature)	Date				