



Michigan Gaming Control Board
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: 313-456-2864
 www.michigan.gov/mgcb

OCCUPATIONAL LICENSE APPLICATION

STANDARD BRED THOROUGHBRED YEAR _____

FOR OFFICE USE ONLY
Lic No. _____
Check _____

1. APPLICATION FOR LICENSE AS (Check appropriate boxes)																				
<input type="checkbox"/> Apprentice Jockey				<input type="checkbox"/> Groom				<input type="checkbox"/> Pony Rider				<input type="checkbox"/> Track Employee / Teller _____ (specify)				<input type="checkbox"/> Vendor _____ (product or service)				
<input type="checkbox"/> Assistant Trainer				<input type="checkbox"/> Jockey				<input type="checkbox"/> Trainer				<input type="checkbox"/> Racing Official _____ (specify)				<input type="checkbox"/> Vendor Employee _____ (product or service)				
<input type="checkbox"/> Driver				<input type="checkbox"/> Jockey Agent				<input type="checkbox"/> Veterinarian				<input type="checkbox"/> Restricted Area				<input type="checkbox"/> Intent To Claim				
<input type="checkbox"/> Exercise Driver / Rider				<input type="checkbox"/> Owner				<input type="checkbox"/> Veterinarian Assistant												
2. APPLICANT'S NAME (last name) _____ (first name) _____ (middle name) _____										3. SOCIAL SECURITY NO. (or Canadian Social Insurance No.) _____										
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 M F Other _____ Prefer not to say _____				15. DATE OF BIRTH _____		16. PLACE OF BIRTH _____		17. MARITAL STATUS _____			
18. LIST ALL STATE OR PROVINCE RACING LICENSES ISSUED TO YOU IN THE LAST TWO YEARS (If not previously licensed, check this box <input type="checkbox"/>)																				
_____ (Place) _____ (Year)				_____ (Place) _____ (Year)				_____ (Place) _____ (Year)				LAST YEAR LICENSED IN MICHIGAN _____ (Year)								
IF THE ANSWER TO ANY OF QUESTIONS 20-27 IS "YES", GIVE COMPLETE DETAILS BELOW INCLUDING PLACE, YEAR, OUTCOME								19. List all other names you have used, including maiden name, nicknames _____												
_____								20. Have you ever been licensed in any state under any other name? If Yes, list (in the space provided to the left) the names and identify the state and the year.												
_____								21. Have you ever been ruled off from any racetrack by any racing official, association or commission?												
_____								22. Have you ever been asked to leave, been expelled, or ejected from or denied the privileges of a racetrack?												
_____								23. Have you or any member of your immediate family (a) ever been employed by or associated with a bookmaker or any illegal gambling establishment or (b) ever owned, operated, or frequented a handbook or other illegal establishment?												
_____								24. Have you ever had any permit or license other than racing license denied, suspended, or revoked by any Federal, State, or local governmental agency?												
_____								25. Have you within the last 10 years been arrested, convicted, or forfeited bail or been fined for any criminal offense, either felony or misdemeanor (except traffic violations other than driving under the influence of intoxicating liquor)?												
_____								26. Are you now under charges for any offense against the law (except minor traffic violations)?												
_____								27. Do you have any outstanding court-imposed judgments against you related to indebtedness for services or supplies in the racing industry?												
(Attach additional sheet if necessary)								28. List all license suspensions of 10 days or more occurring within the last 5 years _____												

Please make check payable to 'State of Michigan'

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
USTA Driver Designation <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> CD Trainer Designation <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> CD		Exp. Date	SC Driver Designation <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> P Trainer Designation <input type="checkbox"/> A <input type="checkbox"/> F
31. OWNERS		LIST ONLY HORSES CURRENTLY RACING IN MICHIGAN OWNED OR LEASED IN PART BY YOU, LIST WITH WHOM	
Name of your trainer(s) _____ LIST ONLY HORSES CURRENTLY RACING IN MICHIGAN OWNED OR LEASED, SOLELY BY YOU _____		_____ _____	
32. Do you race under a stable name? Yes No If Yes, name of stable _____		33. Do you race under a partnership? Yes No If Yes, with whom? _____	
34. Worker's Disability Compensation			
Do you have a worker's compensation insurance policy for your business? Yes No If yes, what name is the policy under? _____			
If no you must explain why: _____			
35. <u>GROOMS, TRACK EMPLOYEES, VENDOR EMPLOYEES, ASSISTANT TRAINER, VETERINARIAN'S ASSISTANT</u>			
NAME OF EMPLOYER _____		SIGNATURE OF TRAINER OR EMPLOYER _____	
36. JOCKEY AGENT			
Name of jockey(s) _____		Endorsement of jockey(s) _____	
37. INSPECTIONS AND SEARCHES			
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:		APPLICANT'S SIGNATURE	
		Date	
41. Automobile Drivers License Number (state)		Steward Approval (signature)	
		Date	

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