



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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Lic No. _____
Check _____

1. APPLICATION FOR LICENSE AS (Check appropriate boxes) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Apprentice Jockey</td> <td><input type="checkbox"/> <b>Groom</b></td> <td><input type="checkbox"/> Pony Rider</td> <td><input type="checkbox"/> Track Employee / Teller _____ (specify)</td> <td><input type="checkbox"/> Vendor _____ (product or service)</td> </tr> <tr> <td><input type="checkbox"/> Assistant Trainer</td> <td><input type="checkbox"/> Jockey</td> <td><input type="checkbox"/> <b>Trainer</b></td> <td><input type="checkbox"/> Racing Official _____ (specify)</td> <td><input type="checkbox"/> Vendor Employee _____ (product or service)</td> </tr> <tr> <td><input type="checkbox"/> <b>Driver</b></td> <td><input type="checkbox"/> Jockey Agent</td> <td><input type="checkbox"/> Veterinarian</td> <td><input type="checkbox"/> Restricted Area</td> <td><input type="checkbox"/> Intent To Claim</td> </tr> <tr> <td><input type="checkbox"/> Exercise Driver / Rider</td> <td><input type="checkbox"/> <b>Owner</b></td> <td><input type="checkbox"/> Veterinarian Assistant</td> <td></td> <td></td> </tr> </table>																	<input type="checkbox"/> Apprentice Jockey	<input type="checkbox"/> <b>Groom</b>	<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"/> <b>Trainer</b>	<input type="checkbox"/> Racing Official _____ (specify)	<input type="checkbox"/> Vendor Employee _____ (product or service)	<input type="checkbox"/> <b>Driver</b>	<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"/> <b>Owner</b>	<input type="checkbox"/> Veterinarian Assistant		
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2. APPLICANT'S NAME (last name) _____ (first name) _____ (middle name) _____											3. <b>SOCIAL SECURITY NO.</b> (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) _____																																
				<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____																																
10. HEIGHT _____	11. WEIGHT _____	12. HAIR _____	13. EYES _____	14. GENDER IDENTITY <input type="checkbox"/> M <input type="checkbox"/> F    Other <input type="checkbox"/> _____ <input type="checkbox"/> 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  _____ _____ _____ _____ _____ _____ _____ _____ (Attach additional sheet if necessary)				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.													20. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				21. Have you ever been ruled off from any racetrack by any racing official, association or commission?													21. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				22. Have you ever been asked to leave, been expelled, or ejected from or denied the privileges of a racetrack?													22. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				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?													23. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				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?													24. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				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)?													25. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
				26. Are you now under charges for any offense against the law (except minor traffic violations)?													26. <input type="checkbox"/> Yes <input type="checkbox"/> No																			
27. Do you have any outstanding court-imposed judgments against you related to indebtedness for services or supplies in the racing industry?													27. <input type="checkbox"/> Yes <input type="checkbox"/> No																							
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](mailto: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. <b>OWNERS</b> Name of your trainer(s) _____ LIST <b>ONLY</b> HORSES <b>CURRENTLY</b> RACING IN MICHIGAN OWNED OR LEASED, <b>SOLELY</b> BY YOU _____		LIST <b>ONLY</b> HORSES <b>CURRENTLY</b> RACING IN MICHIGAN OWNED OR LEASED <b>IN PART</b> BY YOU, LIST WITH WHOM _____	
32. Do you race under a stable name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of stable _____		33. Do you race under a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with whom? _____	
34. <b>Worker's Disability Compensation</b> Do you have a worker's compensation insurance policy for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name is the policy under? _____ If no, you must explain why: _____			
35. <b><u>GROOMS, TRACK EMPLOYEES, VENDOR EMPLOYEES, ASSISTANT TRAINER, VETERINARIAN'S ASSISTANT</u></b> 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:		<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>
41. Automobile Drivers License Number (state)		MGCB Approval (signature)	Date
42. Explanation for Denial:		MGCB Denial (signature)	Date