



National Racing License Application

The National Racing Compact
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Lexington, KY 40504
Phone (877) 457-2538

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OFFICE USE ONLY	New	or	Renewal
Date	____/____/____	License #	_____
F.P.	_____ <small>(status)</small>	Ref #	_____
Payment Type	_____	Total Fees	_____
Clerk	_____	Approved by:	_____

Welcome to the National Licensing Program!

As a horseman who may wish to participate in several different racing jurisdictions, you are eligible to apply for a national license through the National Racing Compact. **This form is only for owners, trainers, jockeys and drivers**. If you will be applying for another type of license, please contact those jurisdictions for an application. Some racing commissions may require additional information from you.

Please refer to the fee schedule for a list of participating jurisdictions.

Check Breed(s) Thoroughbred Standardbred Quarter Horse

License Type(s) Owner Trainer Jockey Driver

- Applicant Name _____
Last Suffix First Middle Maiden
- Have you ever used an assumed name or been known by another name or been licensed under an assumed or different name? If yes, give name(s) Yes No
- Marital status? Married Single Divorced Widowed
If married, full name of spouse, including maiden name: _____
- List all states licensed in: _____
Year(s) Type of License(s) Name of State(s)
- List dates fingerprinted and what states printed you: _____
Month & Year(s) Printed In what State(s)
- Telephone numbers: () _____ () _____ () _____
Home # Business # Fax #
- Person to be notified in case of emergency: _____ Telephone: () _____

8. Social Security No.* <small>Social Insurance No. (Canadians)</small>	Sex	Height	Weight	Color Hair	Color Eyes	Date of Birth	Age
- -						/ /	

* Providing Social Security Number may be voluntary and will be used as a secondary identifier; however, some jurisdictions do mandate you provide it.

Mo Day Year

- Are you a U.S. Citizen? Yes No
If no, of what country are you a citizen? _____
Immigration I.D. number (if applicable) A- _____
Place of Birth _____

- USTA Membership Number _____ *City/State* (If applicable) USTA Membership Exp. Date: _____

- Permanent mailing address: _____
(at which service of all papers may be made upon you) Street

City

State/Province

Postal Zip/Country

12. Local address: _____
Street

City *State/Province* *Postal Zip/Country*

13. Give the following information relative to your current employer. If self-employed, so indicate:

Employment Dates *Name of Employer* *Address (Street, City, State, Zip)*

14. List your occupation here: _____ If self-employed, list type of business: _____

The following two (2) questions must be answered "yes" or "no". Give details in space provided.

15.

a. Has your (or your spouse's) racing license ever been denied, suspended or revoked, or is a racing complaint pending against either of you in any racing jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Have you (or your spouse) ever been fined \$100 or more or discharged, expelled or ejected from any race track by any racing official, or commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Have you (or your spouse) ever had any racing permit or license denied, suspended or revoked by any federal, state or local government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	State	Track	Specific Violation(s)

16.

a. Have you (or your spouse) ever (a) pleaded guilty , pleaded nolo contendere, been found guilty or been convicted or (b) forfeited bail or been fined for any criminal offense, either felony or misdemeanor , including driving under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Are there now any indictments or complaints pending against you (or your spouse) for any such offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Are you (or your spouse) currently on parole or probation ? If yes, parole or probation ends: _____ (indicate month, day and year)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence

17. Are there any outstanding court-imposed civil judgements against you? If so, attach an explanation. Yes No

18 a. Are you under an obligation to pay child support in any jurisdiction?..... Yes No

b. If yes, are you four (4) months or more in arrears?..... Yes No

19. Number of horses in training? _____ (if applicable)

20. Are you obligated to have workers' compensation insurance covering employees in connection with racing? Yes No

*Company Name** *Policy Number* *Expiration Date* *Name of Policyholder*

*(A copy of your workers' compensation certificate of insurance must be attached and submitted with this application.)

21. Statement of Ownership

List **only** horses that you plan to race this year owned wholly or in part by you or leased to you. If leased, or in partnership, stable or corporate name, so designate:

Horse Name	YOB	Trainer's Full Name	Ownership Name on Registration Papers	% Owned	Breed T,S,Q

22. If you listed a **Stable Name**, a **Corporation Name** or **any other legal entity** as owner of a horse under "**Statement of Ownership**" (See Question 21), please tell us about the individual person(s) under that name holding any interest in those horses. If you are responsible for registering the stable name or partnership, you must list all participants and pay the appropriate fees. Tax ID# _____ (if applicable)

Individual's Name	Address (street, city, state & zip)	Name of Horse	% Owned

23. **Colors Registration** - Jacket Color & Description: _____

Sleeves: _____ Collar: _____ Cap: _____

24. Trainers, Jockeys and Drivers:

List number of Starts: _____ Rides: _____ Drives: _____ that you have had within the last three years.

25. Do you have a connection to government, or to racing regulators or tracks, that may disqualify you to race in a particular state or states? Yes _____ No _____

If yes, please state all potential conflicts of interest: _____

26. Have you been involved in the past 5 year in use of illegal substances or excessive use of alcohol; or have you at any time been associated or involved with any disreputable person (someone involved in organized crime and/or convicted of or currently charged with illegal gambling, extortion, racketeering, organized crime, fraud, misrepresentation, any violent crime, race fixing or any other effort to pre-determine a race outcome, bookmaking, touting, pool-selling, bet solicitation, or any similar misconduct)? If so, give the details.

In making this application for a National Racing License, I, the undersigned, understand that an investigation may be conducted on my background and an investigative report may be prepared containing information obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character and general reputation that may be relevant to the issuance of a National Racing License.

By submitting this application, I hereby (1) agree to abide by the applicable rules and regulations of the National Racing Compact, pari-mutuel regulatory agencies, the laws of the United States of America, Canada, state/provincial governments, municipalities and other subdivisions thereof; and (2) agree to abide by any provisions regarding search and seizure that may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any right I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and the seizure of any article the possession or control of which may be forbidden.

National Racing Compact State Fee Schedule

Jurisdiction	Owner	TB Trainer	Harness Trainer	Jockey	Driver	Stable	Partnership	Total
*Arkansas	\$20	\$15		\$15		\$20	\$20	\$
California (3-Yr)	\$150	\$150	\$150	\$150	\$150	\$300	\$300	\$
*Colorado (3-Yr)	\$20	\$20		\$20				\$
Delaware (Harness)	\$50		\$50		\$50			\$
Delaware (TB)	\$50	\$50		\$30		\$25		\$
Florida	\$40	\$40	\$40	\$40	\$40	\$50	\$50	\$
Florida (3-Yr)	\$120	\$120	\$120	\$120	\$120	\$150	\$150	\$
*Illinois (TB)	\$25	\$25		\$25		\$50	\$25	\$
*Illinois (Harness)	\$25		\$25		\$25	USTA-reg	USTA-reg	\$
*Iowa (2-Yr)	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$
Kentucky	\$100	\$100	\$100	\$100	\$100			\$
Kentucky(Ownr/Trainr/Driver)			\$100					\$
Louisiana	\$25	\$25		\$35		\$50	\$25	\$
Louisiana (Colors)	\$25							\$
Louisiana (3-Yr)	\$75	\$75		\$105				\$
*Maryland (TB New)	\$225**	\$225**		\$25		\$75		\$
*Maryland (TB Renew)	\$200**	\$200**		\$25		\$75		\$
*Maryland (Harness – New)	\$50		\$50		\$25	\$75	\$75	\$
*Maryland (Harness – Renew)	\$25		\$25		\$25	\$75	\$75	\$
*Michigan	\$25	\$25	\$25	\$25	\$25	\$10	\$10	\$
Nebraska	Free	Free		Free		\$50	\$15	\$
*New Jersey	\$50	N/A	N/A	N/A	N/A	\$50	\$50	\$
*New Jersey (3-Yr)	\$150	N/A	N/A	N/A	N/A			\$
New York (New)	\$175**	\$105**	\$95**	\$125**	\$95**			\$
New York (New 2-Yr)	\$225**	\$135**	\$115**	\$175**	\$115**			\$
New York (New 3-Yr)	\$275**	\$165**	\$135**	\$225**	\$135**			\$
New York (Renew)	\$50	\$30	\$20	\$50	\$20			\$
New York (Renew 2-Yr)	\$100	\$60	\$40	\$100	\$40			\$
New York (Renew 3-Yr)	\$150	\$90	\$60	\$150	\$60			\$
*Ohio	\$50	\$50	\$50	\$50	\$50	\$50	\$25	\$
*Ontario (Non-Resident)	Free	Free	Free	Free	Free			\$
*Ontario (Resident)	\$30	\$30	\$30	\$50	\$30	\$70	\$28	\$
*Pennsylvania (TB 3-yr)	\$90**	N/A		N/A		\$50	\$30	\$
*Pennsylvania (Harness- 3-yr)	\$60		N/A		N/A			\$
*Texas	\$50	\$50		\$50		\$15	\$15	\$
*Texas (2-Yr)	\$100	\$100		\$100		\$30	\$30	\$
*Texas (3-Yr)	\$150	\$150		\$150		\$45	\$45	\$
Virginia	\$10	\$10	\$10	\$10	\$10	\$25	\$25	\$
Washington	\$165**	\$1315**		\$15		\$25		\$
West Virginia	\$15	\$15		\$15		\$20		\$
*Wyoming	\$35	\$35		\$35		\$35	\$35	\$

*Participates but issues its own license pending adoption of legislation to join the Compact. May have additional forms & requirements. Total State License Fees \$ _____
National Compact Fee \$ 150.00

**Includes other state required fees N/A = not available Total Amount Due \$ _____

Please select those jurisdictions in which you wish to have your license registered. Total the fees and submit a check in that amount made payable to the National Racing Compact. If you would prefer to pay by credit card, please provide the appropriate information on the application form.

This worksheet goes with my application (please print name): _____

signature