

**New Mexico Racing Commission**

4900 Alameda Blvd NE, Suite A  
Albuquerque, NM 87113

Phone (505) 222-0700 www.nmrc.state.nm.us

Fax (505) 222-0713 if faxed must be notarized on pg 2

Please print in ink or type. Answer all questions.

New \_\_\_\_\_ Renewal \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 year \_\_\_\_\_

**LICENSE APPLICATION**

OFFICIAL USE ONLY	
License No.	_____
Applicant ID	_____
Stable <input type="checkbox"/>	Date _____
Check No. _____	FP Date _____

▼ LICENSE FEE ▼      ▼ CIRCLE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼

**MAKE PAYABLE TO: NMRC      ONE APPLICATION PER CATEGORY**

**FINGERPRINT FEE IS SEPARATE FROM LICENSE FEE**

Group A \$100 annual –or– \$120 (3) three year	Owner	Trainer	*Stable	Jockey	Apprentice	Official Vet	Practicing Vet	Racing Vet
Fingerprint processing fee, if applicable ▶	Jockey							

Group B \$100 annual only	Association	Club Racetrack	Concession Operator	Corporate Officer Director	General/Asst. General Manager	Plater	Private Barn	Simulcast Operator	Totalisator Operator
Fingerprint processing fee, if applicable ▶	Track Physician		Other Specify _____						

Group C \$75 annual only	Announcer	Director of Operations	Director of Racing	Jockey Agent	Official Auditor	Pari Mutuel Manager	Racing Secretary	Security Chief	Simulcast Cord.	Stable Supt.	Starter	Track Supt.
Fingerprint processing fee, if applicable ▶	Other Specify _____											

Group D \$35 annual only	Asst. Racing Secretary	Assistant Starter	Assistant Trainer	Clerk of Scales	Clocker	Exercise Person	Horse Identifier
Fingerprint processing fee, if applicable ▶	Other Specify _____						
	Horsemen's Bookkeeper	Jockey Room Custodian	Outrider	Paddock Judge	Placing Judge	Veterinarian Assistant	

Group E \$25 annual only	Authorized Agent	Concession Employee	Groom	Janitor	Jockey Valet	Laborer	Office Personnel	Pari Mutuel Employee	Photo/Video Employee	Pony Person
Fingerprint processing fee, if applicable ▶	Other Specify _____									
	Security Staff	Simulcast Employee	Comp. Employee	Totalisator Employee	Track Maintenance Employee	Watchman				

Replacement / Passes \$20	Replacement License	Child Pass	Spouse Pass	<input type="checkbox"/> A \$20.00 Photo Badge Fee Is Included In Above Amounts <input type="checkbox"/> Social Security Number for Child Support Enforcement Purposes
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**1. APPLICANT / STABLE**

FULL LEGAL NAME						Social Security Number		Age			
First		Middle		Last		Date of Birth		Sex			
Address (Mailing Address)		City		State		Zip		Race	Height	Weight	Color of Eyes
( )		( )									
Phone (cell #)		Phone (message #)				Color of Hair		Driver's License or ID Number			
Place of Birth (City, State, Country)						Spouse Name (Spouse Pass) >>>					

**2. Stable Name (If Applicable)**

Name	TIN
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**3. IN CASE OF EMERGENCY NOTIFY— Nearest Living Relative**

Name	Address	City	State	Zip Code	Phone # ( )
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**4. STATEMENT OF OWNERSHIP**

Horse Name	Trainer's Name/ Track Name	Ownership Name on Registration Papers	% Owned

\* If you selected **Stable Name**, please list names and percent of ownership of all individuals holding any interest in those horses on a separate sheet of paper

Please be very careful in answering the following questions. Providing false information subjects applicant to suspension. Answer yes or no and if yes, provide explanation in additional space. Failure to provide court documentation will delay license approval.

**5. PRIOR LICENSURE**

YES  NO  Have you ever been licensed by the New Mexico Racing Commission? If yes when :

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YES  NO  Have you ever held a horse racing license in any other racing jurisdiction? List the State, Year and License type.

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YES  NO  Has your license ever been suspended, denied, revoked or is any complaint pending against you in any racing jurisdiction? If yes explain:

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YES  NO  Have you ever been expelled, ejected, or denied privileges by any racetrack, or been fined \$200 or more or suspended 10 or more days? If yes explain:

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YES  NO  Have you ever been found guilty of any fraud or misrepresentation in connection with racing, or owned, operated a handbook or been employed by and/or associated with a bookmaker, any gambling or other illegal establishment?

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**6. BACKGROUND**

YES  NO  Have you ever had any NON-RACING permit or license denied, suspended, or revoked by any Federal, State, or Local Government agency? If yes explain

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YES  NO  Have you ever been convicted of any Criminal Offense? All convictions must be listed including: date, county, state, offense, and sentence.

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YES  NO  Are you currently on any type of probation , parole, supervised release or suspended sentence for a felony offense ?

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**7. VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**

YES  NO  Is it legal for you to work in the United States? \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Passport/ Visa No. \_\_\_\_\_

**8. ALL APPLICANTS MUST SIGN**

I being duly sworn, due hereby certify that I am the above-named individual; that I have read the forgoing and know the contents thereof; that the same is true to my knowledge, and is made for the purpose of inducing the New Mexico Racing Commission to issue the license applied for; and I do assent and agree as a condition precedent to receiving said license, I will strictly comply with the Laws of the State of New Mexico and with the New Mexico Administrative Code governing Horse Racing; and further agree that should I fail to comply with the aforementioned my license may be suspended or revoked by the New Mexico Racing Commission. I understand that I am subject to random or for cause testing for the presence of alcohol or controlled substances as provided in Racing Commission Rules and consent to a background investigation in accordance with Subsection D of 16.47.1.8 NMAC which states "The filing of an application for license shall authorize the commission and the board to investigate criminal and employment records, to engage in interviews to determine applicant's character and qualifications, and to verify information provided by the applicant."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**I HEREBY CERTIFY THAT APPLICANT IS EMPLOYED BY ME:** Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

**IF APPLICANT IS UNDER 18** years of age, provide signature of Parent or Legal Guardian below. By signing, the Parent or Legal Guardian gives permission for the licensure and accepts responsibility of such licensure, which shall include random drug testing:

Print Name of Parent/Guardian \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Parent/Guardian SSN: \_\_\_\_\_ Parent/Guardian's Date of Birth \_\_\_\_\_

**9. STEWARD/LICENSING APPROVAL**

Approved  Denied

**Faxed Applications must be notarized:**  
 State of \_\_\_\_\_ County of \_\_\_\_\_ Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 My Commission expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

**Official Use Only-Required Docs**

**New Application**  
 ID/Driver's License   
 Social Sec. Card   
 Fingerprints

**Renewal**  
 ID/Driver's License