

FOR RACING DIVISION USE ONLY

Applicant ID# _____ Issue Date: _____ Expiration Date: _____

AUTHORIZED AGENT APPOINTMENT

AN APPOINTMENT OF AN AUTHORIZED AGENT FOR ONE CATEGORY OF ACCOUNT MAY NOT BE UTILIZED TO FORM AN AUTHORIZED AGENT FOR ANY OTHER ACCOUNT. A SEPARATE AUTHORIZED AGENT FORM MUST BE SIGNED BY ALL PRINCIPALS FOR EACH SEPARATE AND DISTINCT ACCOUNT.

Name of Agent to be Appointed: _____ License #: _____
Please Print

Authorized Agent for: Individual Owner Corporation Multiple Owners _____

Please List Names (use space below if needed)

Stable Name _____

Print Stable Name

Name of Stable Principal(Owner): _____ License # _____
Please Print

Authorized Agent May:

Yes Conduct **ALL** matters relating to my racing animals, with **NO** limitations or restrictions

OR

If LIMITATIONS/RESTRICTIONS pertain to this appointment, complete the following: (All statements A-F must be answered)

A.	Claim horses in my/our name	Yes	No
B.	Sell, buy, or transfer horses without written consent	Yes	No
C.	Receive and endorse checks made payable to me/us	Yes	No
D.	Direct the transfer of money in my/our account	Yes	No
E.	Have checks made payable to himself/herself from my/our account	Yes	No
F.	Other business -	Yes	No

Describe other business indicating limitations or restrictions, if any: _____

I hereby appoint the person indicted above to act for me on matters relating to my race animals in accordance with New Mexico Racing Commission Rules. I assume full financial responsibility for the acts of my Authorized Agent in connection with this appointment. In granting this authority, I release the New Mexico Racing Commission from any liability or responsibility for any misuse of the authority or misappropriation of any funds on the part of my appointed Authorized Agent. I understand that changes in the Authorized Agent's powers or revocation of an Agent's authority shall be in writing, notarized and shall be filed with the New Mexico Racing Commission and the Horsemen's Bookkeeper.

SIGNATURE Date Approved by (NMRC ONLY)

STATE OF _____)
County of _____)

Subscribed and Sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC My commission expires: _____