NEW MEXICO RACING COMMISSION - LICENSING DIVISION 4900 ALAMEDA BLVD. SUITE A. ALBUQUERQUE NM 87113 Telephone (505)222-0700

2019 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 OWNERS FOR EACH SEPARATE AND DISTINCT ACCOUNT.

Name of Agent to be appointed: _____ Authorized Agent License #_____

Authorized Agent for (Check One) ☐ Individual ☐ Multiple Owners (See **)

☐ Corporation ☐ Stable Name: _____ (See **)

**Please list all Owners here: _____ _____ _____ _____

_____ _____ _____ _____ _____

Based on track policy, checks will not be distributed to each individual owner listed. The bookkeeper will only distribute checks to the Principle Owner (et al) of a Stable/Partnership OR the Authorized agent as designated by this form.

The listed Authorized Agent above may conduct the following:

- ☐ Claim Horses in my/our name
- ☐ Sell Horses without written consent
- ☐ Buy Horses without written consent
- ☐ Transfer Horses without written consent
- ☐ Receive checks made payable to me/us
- ☐ Direct Transfer Money in my/our account
- ☐ Have checks made payable to himself/herself from my/our account

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. I understand all appointments expire December 31 of calendar year appointed. A new appointment form will be needed for continued authorization.

_____ _____

Print Name License #

_____ _____ _____

SIGNATURE Date Approved by (NMRC ONLY)

STATE OF_____)
)
County of_____)

Subscribed and Sworn before me this_____day of_____, 20_____.

_____ My Commission Expires:_____

NOTARY PUBLIC