

NEW MEXICO RACING COMMISSION

4900 Alameda Blvd. N.E. Ste A., Albuquerque, NM 87113 (505) 222-0700 fax (505) 222-0713 www.nmrc.state.nm.us

FINGERPRINT RECIPROCITY AFFIDAVIT

FINGERPRINT RECIPROCITY IS OFFERED BY THE NEW MEXICO RACING COMMISSION

ONLY WHEN THE FOLLOWING REQUIREMENTS ARE MET:

- Four arrow-pointed requirements: 1. Applicant must be under 70 and currently licensed in good standing in reciprocal jurisdiction. 2. Applicant must have submitted fingerprints to reciprocal jurisdiction within two or four years. 3. Provide copy of current valid racing license. 4. Affidavit must be completed in full, signed, and notarized.

PLEASE COMPLETE THE FOLLOWING

- 1. Print Full Legal Name: (Last) (First) (Middle)
2. Social Security Number:
3. Date of Birth: (Month - Day - Year)

4. CIRCLE ONLY ONE of the following reciprocal jurisdictions in which you were fingerprinted

- California Colorado \*3 yr license only Florida Illinois \*Owner's only Iowa Kansas
Minnesota Nebraska New Jersey New York \*Owner's, Trainer's, and Jockeys only
Ohio \*Owners only Oklahoma Ontario Pennsylvania Texas Vermont Virginia Wisconsin

ATTACH COPY OF VALID RACING LICENSE

5. Please indicate the year that you were fingerprinted in the reciprocal jurisdiction:

(Date Fingerprinted)

I hereby state that I have submitted completed fingerprint cards to the jurisdiction as indicated above for the purpose of checking any criminal history record which I may have that is maintained by the Federal Bureau of Investigations or an equivalent criminal investigatory agency.

I understand that I submitted this affidavit as part of my application for an occupation license which may be issued by the New Mexico Racing Commission, and I understand that providing false information or failing to provide complete information on this affidavit will justify the New Mexico Racing Commission to refuse to license, deny, suspend, or revoke any and all occupation license (s) which may have been issued by the New Mexico Racing Commission.

Signature of License Applicant Date

State of County of Signed or attested before me this day of, 20

(SEAL)

My Commission expires:

NOTARY PUBLIC

