

**LICENSE APPLICATION**

<b>OFFICIAL USE ONLY</b>	
License No.	_____
Check No.	_____
Date.	_____
Fingerprint Date.	_____

Please print in ink or type. Answer all questions.  
 New \_\_\_\_\_ Renewal \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 year \_\_\_\_\_

▼ 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 AND PAYABLE BY MONEY ORDER ONLY**

Group A \$100 annual –or– \$120 (3) three year Fingerprint processing fee, if applicable ▶	Owner    Trainer    *Stable    Jockey    Apprentice Jockey    Veterinarian    Veterinarian    Veterinarian	Association    Club    Concession    Corporate Officer    General/Asst.    Plater    Private    Simulcast    Totalisator Racetrack    Operator    Director    General Manager    Barn    Operator    Operator	Track Physician    Other Specify _____
Group B \$100 annual only Fingerprint processing fee, if applicable ▶	Announcer    Director of    Director of    Jockey    Official    Pari Mutuel    Racing    Security    Simulcast    Stable    Starter    Track Operations    Racing    Racing    Agent    Auditor    Manager    Secretary    Chief    Cord.    Supt.    Supt.	Asst. Racing    Assistant    Assistant    Clerk of    Clocker    Exercise    Horse Secretary    Starter    Trainer    Scales    Person    Identifier	Horsemen's    Jockey Room    Outrider    Paddock    Placing    Veterinarian    Other Specify Bookkeeper    Custodian    Judge    Judge    Assistant
Group C \$75 annual only Fingerprint processing fee, if applicable ▶	Authorized    Concession    Groom    Janitor    Jockey    Laborer    Office    Pari Mutuel    Photo/Video    Pony Agent    Employee    Valet    Personnel    Employee    Employee    Person	Security    Simulcast Comp.    Totalisator    Track Maintenance    Watchman    Other Specify Staff    Employee    Employee    Employee	Replacement / Passes \$20 ▶ Replacement License    Child Pass    Spouse Pass

- A \$20.00 Photo Badge Fee Is Included In Above Amounts
- Social Security Number for Child Support Enforcement Purposes

**1. APPLICANT / STABLE**

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

**2. SPOUSE**

FULL LEGAL NAME					
Last		First		Middle	

**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	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? \_\_\_\_\_

Passport/ Visa No. \_\_\_\_\_ Expiration Date. \_\_\_\_\_

**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** \_\_\_\_\_

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 APPROVAL**

Approved 

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 Denied 

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**Faxed Applications must be notarized:**

State of \_\_\_\_\_ County of \_\_\_\_\_ Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_