

KENTUCKY HORSE RACING COMMISSION

4047 Iron Works Parkway

Lexington, Kentucky 40511

Phone: 859-246-2040 Fax: 859-202-3510

WEBSITE: khrc.ky.gov

EMAIL: khrclicensing@ky.gov

Application Year : _____

For KHRC Use only

Applicant # _____

License Clerk _____

Check # _____ Cash _____

Credit Card _____

Bill Entity _____

Steward/Security Approval (if required) _____

RCI Check _____

Date _____

| THOROUGHBRED FEES | | | | STANDARD BRED – QUARTER & OTHER HORSE FEES ARE IN () | | | | |
|--|--|---|--|---|-----------------------------------|---------------|----------------|----------------|
| Have you ever had a license in KY? _____ What years? _____ | | Have you ever had a license in KY? _____ What years? _____ | | SB-U.S.T.A license # _____ Expires: _____ | | | | |
| <input type="checkbox"/> Association Employee \$25 <input type="checkbox"/> Asst. Trainer \$150 <input type="checkbox"/> Asst. Trainer/Owner \$150 <input type="checkbox"/> Claiming \$150 <input type="checkbox"/> Dental Tech. \$100 <input type="checkbox"/> Exercise Rider \$10 <input type="checkbox"/> Equine Therapist \$50 <input type="checkbox"/> Farm Mgr/Agent \$50 <input type="checkbox"/> Farrier \$100 <input type="checkbox"/> Farrier Apprentice \$50 <input type="checkbox"/> Jockey \$150 <input type="checkbox"/> Jockey Agent \$150 <input type="checkbox"/> Jockey Apprentice \$100 <input type="checkbox"/> Mutuel Employee \$50 <input type="checkbox"/> Military Spouse (MILITARY ID REQUIRED) | <input type="checkbox"/> Owner \$150 <input type="checkbox"/> Owner (temp.) \$150 <input type="checkbox"/> Owner/Trainer \$150 <input type="checkbox"/> Racing Official \$100 <input type="checkbox"/> Special Event \$10 <input type="checkbox"/> Stable Agent \$50 <input type="checkbox"/> Stable Employee \$10 <input type="checkbox"/> Steeplechase Jockey \$150 <input type="checkbox"/> Trainer \$150 <input type="checkbox"/> Vendor \$50 <input type="checkbox"/> Vendor Employee \$25 <input type="checkbox"/> Veterinarian \$150 <input type="checkbox"/> Veterinary Asst. \$50 <input type="checkbox"/> Veterinary Tech. \$50 | <input type="checkbox"/> Association Employee \$25 (\$10) <input type="checkbox"/> Asst. Trainer (\$35) <input type="checkbox"/> Asst. Trainer/Owner (\$35) <input type="checkbox"/> Dental Tech \$100 <input type="checkbox"/> Driver \$125 <input type="checkbox"/> Driver/Trainer \$125 <input type="checkbox"/> Equine Therapist \$50 (\$25) <input type="checkbox"/> Farm Mgr/Agent \$50 (\$25) <input type="checkbox"/> Farrier \$100 (\$35) <input type="checkbox"/> Farrier Apprentice \$50 (25) <input type="checkbox"/> Jockey (\$35) <input type="checkbox"/> Jockey Agent (\$35) <input type="checkbox"/> Jockey Apprentice (\$35) <input type="checkbox"/> Matinee Driver \$125 <input type="checkbox"/> Mutuel Employee \$50 (\$20) | <input type="checkbox"/> Owner \$125 (\$35) <input type="checkbox"/> Owner (temp.) \$125 (\$35) <input type="checkbox"/> Owner/Driver \$125 <input type="checkbox"/> Owner/Trainer \$125 (\$35) <input type="checkbox"/> Owner/Trainer/Driver \$125 <input type="checkbox"/> Stable Employee \$5 (\$5) <input type="checkbox"/> Trainer \$125 (\$35) <input type="checkbox"/> Racing Official \$100 (\$35) <input type="checkbox"/> Vendor \$50 (\$25) <input type="checkbox"/> Vendor Employee \$25 (\$25) <input type="checkbox"/> Veterinarian \$125 (\$35) <input type="checkbox"/> Veterinary Asst. \$50 (\$25) <input type="checkbox"/> Veterinary Tech \$50 (\$25) <input type="checkbox"/> Military Spouse (MILITARY ID REQUIRED) | | | | | |
| Last Name | | First Name | | M.I. | Social Security # XXX-XX-_____ | Date of Birth | Place of Birth | |
| Mailing Address | | | | City | | State | Zip Code | |
| Home Phone () | Work Phone () | Cell Phone () | Sex | Height | Weight | Hair | Eyes | Marital Status |
| Trainer | | Applicant's Email Address | | | Applicant's Employment Duties | | | |
| Person to notify in case of emergency | | | | Phone Number | | | | |

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS-ATTACH ADDITIONAL PAGES IF NEEDED FOREXPLANATIONS

- Have you been arrested or charged with a crime, other than a traffic violation, in the last 15 years? Yes _____ No _____ If yes, explain _____

- Are you currently on parole or probation? Yes _____ No _____ If yes, explain _____

- Have you ever been fined over \$250 by any racing jurisdiction? Yes _____ No _____ If yes, explain _____

- Have you or your spouse, parent, child, or sibling (including in-laws) ever had a license denied, revoked, suspended, or have a complaint pending in any jurisdiction? Yes _____ No _____ If yes, explain _____

- Have you ever been ruled off, ejected, or excluded from racing association grounds? Yes _____ No _____ If yes, explain _____

- Have you ever been issued a license under another name? Yes _____ No _____ If yes, provide other names _____

PLEASE COMPLETE THE BACK PORTION OF THE FORM

OWNERS ONLY – LIST HORSES YOU PLAN TO RACE THIS YEAR. ATTACH LIST OF HORSES IF MORE SPACE IS NEEDED.

| HORSE NAME | YOB | TRAINER'S NAME | OWNERSHIP NAME ON REGISTRATION PAPERS | % OWNED | BREED T,S,Q,A |
|------------|-----|----------------|---------------------------------------|---------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TRAINERS ONLY- Number of horses in training _____ Number of Employees _____ (Attach List of Employees-Required)

Are you obligated to have worker's compensation insurance covering an employee in connection with racing _____

If yes, indicate company name _____ Policy Number _____ Expiration Date _____ Name of policy holder _____

Trainers:

I understand my responsibilities under KRS 342, Section 630, and if I employ anyone, I understand that I must obtain worker's compensation insurance and a copy of said certificate will be forwarded to the Kentucky Horse Racing Commission office. Failure to comply with this law may result in the revocation of my racing license. Please initial the box to the left of this section indicating that you have read this article.

Initial Here

ASST. TRAINER ONLY -Name of Trainer you are assistant to _____
Number of horses in your care _____

STABLE EMPLOYEE ONLY: _____ **TRAINER or ASST. TRAINER SIGNATURE REQUIRED**

**VET ASSISTANTS/TECHS/
EQUINE THERAPIST ONLY:** _____ **LICENSED VETERINARIAN SIGNATURE REQUIRED**

EXERCISE RIDER ONLY: _____ **OUTRIDER SIGNATURE REQUIRED**
Exercise riders are not automatically covered by trainers' workers' compensation insurance in case of injury. Ask your trainer about coverage.

ADD \$4.00 FOR CREDIT CARD PROCESSING FEE

If paying by credit card I authorize KHRC to charge my account for the appropriate license fee plus a \$4.00 processing fee.

Credit card # _____ CVV # _____

Expiration Date _____

Billing address for this card _____

Cardholder's name (as it appears on the card) _____

By my signature, I agree to pay the license fee for this application to KHRC according to my cardholder agreement

____ Signature ____ Date

ALL APPLICANTS READ AND SIGN AT BOTTOM:

I understand that participation in racing in Kentucky is a privilege and not a right. I agree to comply with all rules, regulations, statutes, and steward's/ judge's directives related to Kentucky racing. I authorize the KHRC or its agents to conduct a background check to determine my fitness to receive a license, which may include access to public, private and confidential information. I release all providers of information, and release all KHRC employees and agents from any liability related to the release of any information requested by KHRC. I agree that my license may be revoked or suspended by the KHRC at any time. I acknowledge that the KHRC has the right to search any location described in KRS 230.260(7) and may seize any medication, drug, substance, paraphernalia, object, or device in violation or suspected violation of KRS Chapter 230 or KAR Title 810. I agree to cooperate with the KHRC during any such investigation and respond correctly to the best of my knowledge if questioned by the KHRC about a racing matter. I certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission on this application shall subject me to immediate revocation of any issued license, and all other appropriate penalties under the statutes of the Commonwealth of Kentucky. I agree to "out of competition" drug testing on all race horses which I own or train in conformity with KAR Title 810.

Signature/Date