KHRGC 3-020-1 (12/2023) KENTUCKY HORSE RACING AND GAMING CORPORATION

Have you ever had a license in KY?_

Asst. Trainer \$150

Association Employee \$25

Asst. Trainer/Owner \$150

4047 Iron Works Parkway Lexington, Kentucky 40511 Phone: 859-246-2040 Fax: 859-202-3510

THOROUGHBRED FEES

What years?

Owner \$150

Owner (temp.) \$150

Owner/Trainer \$150

WEBSITE: <u>khrc.ky.gov</u> EMAIL: <u>khrclicensing@ky.gov</u>

Application Year:

For KHRGCUse only	/	
Applicant #		
License Clerk		
Check #	Cash	
Credit Card	_	
Bill Entity		
Steward/Security required)		(if
RCI Check		
Data		

What years?

Owner \$125 (\$35)

Owner/Driver \$125

Owner (temp.) \$125 (\$35)

Expires:

STANDARDBRED – QUARTER & OTHER HORSE FEES ARE IN ()

Have you ever had a license in KY?__SB-U.S.T.A license #

Asst. Trainer (\$35)

__Asst. Trainer/Owner (\$35)

Association Employee \$25 (\$10)

Claiming \$150Dental Tech. \$100Exercise Rider \$10Equine Therapist \$50Farm Mgr/Agent \$50Farrier \$100Farrier Apprentice \$50Jockey \$150Jockey Agent \$150Jockey Apprentice \$100Mutuel Employee \$50Military Spouse (MILITARY ID REQUIRED) Last Name	Racing Off:Special EveStable AgeStable EmpSteeplechasTrainer \$15Vendor \$50Vendor EmVeterinariaVeterinaryVeterinary	Driver Driver Equin Farrie Farrie Jocker Jocker Jocker Matin	Dental Tech \$100 Driver \$125 Driver/Trainer \$125 Equine Therapist \$50 (\$25) Farm Mgr/Agent \$50 (\$25) Farrier \$100 (\$35) Farrier Apprentice \$50 (25) Jockey (\$35) Jockey Agent (\$35) Jockey Apprentice (\$35) Matinee Driver \$125 Mutuel Employee \$50 (\$20)				Owner/Trainer \$125 (\$35) Owner/Trainer/Driver \$125 Stable Employee \$5 (\$5) Trainer \$125 (\$35) Racing Official \$100 (\$35) Vendor \$50 (\$25) Vendor Employee \$25 (\$25) Veterinarian \$125 (\$35) Veterinary Asst. \$50 (\$25) Veterinary Tech \$50 (\$25) Military Spouse (MILITARY ID REQUIRED)		
	First Name			XXX-X	I Security# XX		Date of Birth	'	Place of Birth
Mailing Address			City			State	Э		Zip Code
Home Phone	Work Phone	Cell Phone	 ;	Sex	Height	Weight	Hair	Eyes	Marital Statu
Trainer	/ /	Applicant's Email Add	Iress			A	 pplicant's Er	<u>l</u> nployment	Duties
Person to notify in case of emerg	ency			Phone Nu	mber				
Have you been arres Are you currently on		a a crime, other than a transfer.	affic violation, i						·
3. Have you ever been	fined over \$250 by	any racing jurisdiction?	YesNo	lf ye	es, explain				
, , ,		or sibling (including in-l	,		•	-	•	or have a	complaint
5. Have you ever been r	uled off, ejected, or	excluded from racing a	ssociation grou	ınds? Yes	sNo	<u> </u>	yes, explair	า	
6. Have you ever been i	ssued a license und	der another name? Yes_	No	_lf yes, p	rovide othe	er names			
							. GV DO		

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			
					+			
Are you obligated to have worker's competer If yes, indicate company name	nsation insura Policy Nun onsibilities un ce and a cop th this law m	nnce covering an employ nber Expi nder KRS 342, Section y of said certificate will ay result in the revocat	oloyees(Attach List of Employee in connection with racing	older I must obtain worke nd Gaming Corporat	er's tion office.			
ASST. TRAINER ONLY -Name of Tra	niner you are a	assistant to						
STABLE EMPLOYEE ONLY:			TRAINER or ASST. TRAINER	SIGNATURE RE	QUIRED			
VET ASSISTANTS/TECHS/ EQUINE THERAPIST ONLY:			LICENSED VETERINARIAN	SIGNATURE RI	EQUIRED			
coverage.			OUTRIDER SI compensation insurance in case of injury.	IGNATURE REQ <u>Ask your trainer a</u>	UIRED bout			
ADD \$4.00 FOR CREDIT CAI If paying by credit card I authorize			ount for the appropriate license fee plus	s a \$4.00 process	ing fee.			
Credit card #		_	CVV#_					
Expiration Date								
Billing address for this card	ars on the	 e card)						
` .			oplication to KHRGC according to m	ıy				
SignatureDate								
ALL ADDITIONTS READ AND	O SICN A	T Ջ ՈΤΤ Ո Μ•						
judge's directives related to Kentucky racilicense, which may include access to publ and agents from any liability related to the KHRGC at any time. I acknowledge that the substance, paraphernalia, object, or devic during any such investigation and respondinformation contained in this application is	Kentucky is ng. I authoriz lic, private are release of a le KHRGC hate in violation discorrectly to accurate an of any issued	a privilege and not a reget the KHRGC or its ago and confidential information reques as the right to search a or suspected violation the best of my knowled complete, and I und allicense, and all other	ight. I agree to comply with all rules, regulation gents to conduct a background check to detern tion. I release all providers of information, and ted by KHRGC. I agree that my license may be any location described in KRS 230.260(7) and in of KRS Chapter 230 or KAR Title 810. I agree dege if questioned by the KHRGC about a racin terstand that any material misrepresentation of appropriate penalties under the statutes of the rain in conformity with KAR Title 810.	nine my fitness to re release all KHRGC e revoked or susper may seize any med e to cooperate with ng matter. I certify the r omission on this a	eceive a semployees nded by the dication, drug, the KHRGC hat the application			
Signature/Date								