

KHRC 25-01 (7/10)

KENTUCKY HORSE RACING COMMISSION

4063 Iron Works Parkway, Bldg B

Lexington, Kentucky 40511

Toll free 1-877-4KY-RACE (1-877-459-7223)

Phone: 859-246-2040 Fax: 859-246-2039

WEBSITE: www.khrc.ky.gov

For KHRC Use only

License # _____

License # _____

License Clerk _____

Check # _____ Cash _____

Credit Card _____

Steward/Security Approval (if required) _____

RCI Check _____

Date _____

THOROUGHBRED FEES - QUARTER HORSE FEES ARE IN ()		STANDARD BRED	
Have you ever had a license in KY? _____ What year? _____		Have you ever had a license in KY? _____ What year? _____	
SB-U.S.T.A. _____	Expires: _____		
<input type="checkbox"/> Owner \$150 (\$35)	<input type="checkbox"/> Veterinary Tech. \$50	<input type="checkbox"/> Owner \$125	<input type="checkbox"/> Veterinary Asst. \$50
<input type="checkbox"/> Trainer \$150 (\$35)	<input type="checkbox"/> Veterinary Asst. \$50	<input type="checkbox"/> Trainer \$125	<input type="checkbox"/> Farm Mgr/Agent \$50
<input type="checkbox"/> Owner/Trainer \$150 (\$70)	<input type="checkbox"/> Mutuel Clerk \$50 (\$20)	<input type="checkbox"/> Owner/Trainer \$125	<input type="checkbox"/> Mutuel Clerk \$50
<input type="checkbox"/> Asst. Trainer \$150 (\$35)	<input type="checkbox"/> Association Employee \$25 (\$10)	<input type="checkbox"/> Driver \$125	<input type="checkbox"/> Vendor \$50
<input type="checkbox"/> Claiming \$150	<input type="checkbox"/> Occupational Employee \$25 (\$10)	<input type="checkbox"/> Driver/Trainer \$125	<input type="checkbox"/> Association Employee \$25
<input type="checkbox"/> Jockey \$150 (\$35)	<input type="checkbox"/> Vendor Employee \$25	<input type="checkbox"/> Owner/Trainer/Driver \$125	<input type="checkbox"/> Vendor Employee \$25
<input type="checkbox"/> Jockey Agent \$150 (\$35)	<input type="checkbox"/> Stable Employee \$10 (\$5)	<input type="checkbox"/> Veterinarian \$125	<input type="checkbox"/> Occupational Employee \$25
<input type="checkbox"/> Veterinarian \$150 (\$35)	<input type="checkbox"/> Exercise Rider \$10	<input type="checkbox"/> Owner/Driver \$125	<input type="checkbox"/> Stable Employee \$5
<input type="checkbox"/> Farrier \$100 (\$35)	<input type="checkbox"/> Steeplechase Jockey \$150	<input type="checkbox"/> Matinee Driver \$125	<input type="checkbox"/> Racing Official \$100
<input type="checkbox"/> Racing Official \$100 (\$35)	<input type="checkbox"/> Farm Mgr/Agent \$50	<input type="checkbox"/> Farrier \$100	<input type="checkbox"/> Equine Therapist \$50
<input type="checkbox"/> Jockey Apprentice \$100	<input type="checkbox"/> Vendor \$50 (\$25)	<input type="checkbox"/> Veterinary Tech \$50	
<input type="checkbox"/> Equine Therapist \$50	<input type="checkbox"/> Special Event (\$10)		

Last Name		First Name Mr. Mrs. Ms. Other		M.I.	Social Security #		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			Email Address				Occupation/Duties				

Person to notify in case of emergency _____ Phone Number _____

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

- 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 \$100 by any racing jurisdiction? Yes _____ No _____ If yes, explain _____
- Have you or your spouse, a member of your immediate family, or other person in a similar relationship to you 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 BACK PORTION OF THE FORM

OWNERS ONLY- STABLE/FARM NAME _____ **LIST OF HORSES** _____
_____ **HORSES ARE RUN IN THE NAME OF:** _____

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: At the present time I have no full-time employees or part-time employees. I understand my responsibilities under KRS 342, Section 630, and in the future 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 THERAPISTS ONLY: _____ **LICENSED VETERINARIAN**

EXERCISE RIDER ONLY: _____ **OUTRIDER SIGNATURE REQUIRED**

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 or 811. 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 or 811.

Signature/Date

ADD \$7.00 FOR CREDIT CARD PROCESSING FEE

If paying by credit card I authorize KHRC to charge my account for the appropriate license fee plus a \$7.00 processing fee.

CREDIT CARD INFORMATION: _____ **Master Card** _____ **Visa** _____ **American Express (Check One)**

Credit card # _____

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