



KENTUCKY HORSE RACING & GAMING

**ATTN: Licensing
Churchill Downs**

**3733 South Fourth Street
Louisville, KY 40214**

Ph: (502) 638-3815 – Fax: (859) 202-3510

Website: www.khrc.ky.gov – Email: khrclicensing@ky.gov

For KHRG Use Only:

Applicant # _____
 License Clerk _____
 Check # _____
 Cash _____
 Credit Card _____
 Steward/Security Approval
 (if required) _____
 RCI Check _____
 Date _____

License Application

Licensure Fees – Circle Applicable Fee

	Thoroughbred	Standardbred	Quarter Horse	Other Breeds
AAHP Animal Chiropractor	\$100	\$100	\$50	\$50
AAHP Equine Dental Provider	\$100	\$100	\$50	\$50
Assistant Trainer	\$150	\$125	\$50	\$35
Association Employee	\$25	\$25	\$25	\$10
Claiming	\$150	N/A	N/A	N/A
Driver	N/A	\$125	N/A	N/A
Driver/Trainer	N/A	\$125	N/A	N/A
Equine Therapist	\$50	\$50	\$50	\$25
Exercise Rider	\$10	N/A	\$10	N/A
Farm Manager	\$50	\$50	\$50	\$25
Farrier	\$100	\$100	\$50	\$35
Farrier Apprentice	\$50	\$50	\$50	\$25
Jockey	\$150	N/A	\$50	\$35
Jockey Agent	\$150	N/A	\$50	\$35
Jockey Apprentice	\$100	N/A	\$50	\$35
Matinee Driver	N/A	\$125	N/A	N/A
Mutuel Employee	\$50	\$50	\$25	\$20
Owner	\$150	\$125	\$50	\$35
Owner/Assistant Trainer	\$150	\$125	\$50	\$35
Owner/Driver	N/A	\$125	N/A	N/A
Owner (Temporary)	\$150	\$125	\$50	\$35
Owner/Trainer	\$150	\$125	\$50	\$35
Owner/Trainer/Driver	N/A	\$125	N/A	N/A
Racing Official	\$100	\$100	\$50	\$35
Special Event Employee	\$10	\$10	\$10	\$10
Stable Agent	\$50	\$50	N/A	N/A
Stable Employee	\$10	\$10	\$10	\$10
Steeplechase Jockey	\$150	N/A	N/A	N/A
Trainer	\$150	\$125	\$50	\$35
Vendor	\$50	\$50	\$50	\$25
Vendor Employee	\$25	\$25	\$25	\$25
Veterinarian	\$150	\$125	\$50	\$35
Veterinary Assistant	\$50	\$50	\$25	\$25
Veterinary Tech	\$50	\$50	\$25	\$25
Military Spouse - any category*	Exempt			

Application Year:

Have you ever had a license in Kentucky in one of these categories?

Yes No

If “Yes,” list type and years held:

SB-U.S.T.A. License # (if applicable):

Expiration: _____

*Valid 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					

PLEASE ALSO COMPLETE ALL APPLICABLE PORTIONS OF THE FOLLOWING TWO PAGES

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS – ATTACH ADDITIONAL PAGES AS NEEDED

1. Have you ever been arrested or charged with a crime, other than a traffic violation? Yes No

If yes, explain: _____

2. Are you currently on parole or probation? Yes No

If yes, explain: _____

3. Have you ever been fined over \$1000 by any racing jurisdiction? Yes No

If yes, explain: _____

4. 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: _____

5. Have you ever been ejected or excluded from racing association grounds? Yes No

If yes, explain: _____

6. Have you ever been issued a license under another name? Yes No

If yes, provide other name(s): _____

OWNERS ONLY – List all horses you plan to race this year. Attach additional sheets 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 _____

Initial Here

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 and Gaming Corporation 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.

ASSISTANT TRAINERS ONLY –

Name of Trainer you assist _____ Number of horses in your care _____

STABLE EMPLOYEES ONLY –

Trainer or Assistant Trainer Signature (Required) _____

VET ASSISTANTS/TECHS ONLY –

Licensed Veterinarian Signature (Required) _____

EXERCISE RIDERS ONLY –

Outrider Signature (Required) _____

Exercise riders are not automatically covered by trainers' workers' compensation insurance in case of injury. Ask your trainer about coverage.

ALL APPLICANTS –

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

Credit Card Number _____ CVV # _____ Expiration Date _____

Billing Address _____

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

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

Signature _____ Date _____

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 stewards'/ judges' directives related to Kentucky racing. I authorize the KHRGC 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 KHRGC employees and agents from any liability related to the release of any information requested by KHRGC. I agree that my license may be revoked or suspended by the KHRGC at any time and agree to surrender any badges in my possession associated with my license to KHRGC or its designee upon request. I acknowledge that the KHRGC 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 KHRGC during any such investigation and respond correctly to the best of my knowledge if questioned by the KHRGC 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 racehorses which I own or train in conformity with KAR Title 810.

Signature _____ Date _____



KENTUCKY HORSE RACING & GAMING
ATTN: Licensing
4047 Iron Works Parkway
Lexington, KY 40511
Ph: (502) 573-5528 – Fax: (502) 573-6625
Website: www.khrc.ky.gov – Email: khrclicensing@ky.gov

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Applicant # _____
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Temporary Owner's License Application

Temporary Owner Licensure Fees – Circle Applicable Fee			
Thoroughbred	Standardbred	Quarter Horse	Other Breeds
\$150	\$125	\$50	\$35

Date of Application: _____ **Date Temporary License Will Expire:** _____

Last Name		First Name		M.I.	Social Security # XXX-XX-_____		Date of Birth	
Mailing Address				City		State		Zip Code
Home Phone ()		Work Phone ()		Cell Phone ()		Email Address		
Trainer Name				Name of Person Completing Form				
Signature of Person Completing Form								

This Permit is valid for racing purposes only and for a period of 30 days. Completion of the regular licensing procedure is mandatory. Failure to complete the license procedure may result in fine and/or license suspension for both the owner and trainer. This permit is not valid for claiming.

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

Credit Card Number _____ CVV # _____ Expiration Date _____

Billing Address _____

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

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

Signature _____ Date _____



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Change in Application Information Form

Licensee/Applicant Name: _____ **Date:** _____

Pursuant to 810 KAR 3:020, Section 17, I certify that the following changes have occurred since the date my application was submitted for licensure this year.

Criminal Charges:

Criminal Convictions:

License Denials and License Suspensions of Ten (10) Days or More:

License Revocations or Fines of \$1000 or More in Other Jurisdictions:

Racing-Related Disciplinary Charges Pending in Other Jurisdictions:

Withdrawal, With or Without Prejudice, of a License Application in Any Jurisdiction:

Any Other Changes:

Licensee/Applicant Signature _____ Date _____



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Veterinarian Approval Form

Name of Applicant for Licensure as a Veterinary Assistant, Technician, or Technologist

Specialization:

Years of Experience and Other Qualifications in this Field:

Pursuant to 810 KAR 3:020, Section 5(1), I hereby certify that the above-named individual is either working or supervised by me and that I am a currently a licensed veterinarian with the Commonwealth of Kentucky.

Veterinarian Name: _____

Veterinarian Signature: _____ Date _____

Name of Applicant for Licensure as an Equine Therapist

Specialization:

Years of Experience and Other Qualifications in this Field:

Pursuant to 810 KAR 3:020, Section 5(1), I hereby attest to the skill and integrity of the above-named equine health professional and that I am a currently licensed veterinarian with the Commonwealth of Kentucky.

Veterinarian Name: _____

Veterinarian Signature: _____ Date _____

Licensee/Applicant Signature _____ Date _____