

# LICENSE APPLICATION

## NEW MEXICO RACING COMMISSION

**4900 Alameda Blvd. NE Ste. A, Albuquerque, NM 87113**

Please print in ink or type. Answer all questions. If not applicable, so state:  
 \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ 1 year \_\_\_\_\_ 3 year

Official Use Only	
License No. _____	
Stable Name Lic. No. _____	
Check _____	Date _____

Fingerprint Date \_\_\_\_\_

Group A - 3year \$120 / 1year \$100	Group B - \$100 1year only	Group C - \$75 1year only	Group D - \$35 1year only
<input type="checkbox"/> Apprentice Jockey <input type="checkbox"/> Jockey <input type="checkbox"/> Official Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Practicing Veterinarian <input type="checkbox"/> Racing Veterinarian <input type="checkbox"/> Stable Name*  <input type="checkbox"/> Trainer <input type="checkbox"/> Other - <i>Specify</i> _____	<input type="checkbox"/> Association <input type="checkbox"/> Club - Racetrack <input type="checkbox"/> Concession Operator -Specify- _____ <input type="checkbox"/> Corporate Officer/Director <input type="checkbox"/> General /Asst. General Manager <input type="checkbox"/> Plater <input type="checkbox"/> Private Barn <input type="checkbox"/> Simulcast Operator <input type="checkbox"/> Totalisator Operator <input type="checkbox"/> Track Physician <input type="checkbox"/> Other - <i>Specify</i> _____	<input type="checkbox"/> Announcer <input type="checkbox"/> Director of Operations <input type="checkbox"/> Director of Racing <input type="checkbox"/> Jockey Agent <input type="checkbox"/> Official Auditor <input type="checkbox"/> Pari Mutuel Manager <input type="checkbox"/> Racing Secretary  <input type="checkbox"/> Security Chief <input type="checkbox"/> Simulcast Coordinator <input type="checkbox"/> Stable Superintendent <input type="checkbox"/> Starter <input type="checkbox"/> Track Superintendent <input type="checkbox"/> Other - <i>Specify</i> _____	<input type="checkbox"/> Assistant Racing Secretary <input type="checkbox"/> Assistant Starter <input type="checkbox"/> Assistant Trainer <input type="checkbox"/> Clerk of Scales <input type="checkbox"/> Clocker/Timer <input type="checkbox"/> Exercise Person <input type="checkbox"/> Horse Identifier  <input type="checkbox"/> Horsemen's Bookkeeper <input type="checkbox"/> Jockey Room Custodian <input type="checkbox"/> Outrider <input type="checkbox"/> Paddock Judge <input type="checkbox"/> Placing Judge <input type="checkbox"/> Veterinarian Assistant <input type="checkbox"/> Other - <i>Specify</i> _____
<b>Special Events \$100 1 or 2 days</b>			
<input type="checkbox"/> Event _____ _____			

Group E - \$25 1year only			Replacement/Passes \$20
<input type="checkbox"/> Authorized Agent <input type="checkbox"/> Concession Employee <input type="checkbox"/> Groom <input type="checkbox"/> Janitor <input type="checkbox"/> Jockey Valet <input type="checkbox"/> Laborer	<input type="checkbox"/> Office Personnel <i>Specify</i> _____ <input type="checkbox"/> Pari Mutuel Employee <input type="checkbox"/> Photo/Video Employee <input type="checkbox"/> Pony Person <input type="checkbox"/> Security Staff <input type="checkbox"/> Simulcast Company Employee	<input type="checkbox"/> Totalisator Employee <input type="checkbox"/> Track Maintenance Employee <input type="checkbox"/> Watchman <input type="checkbox"/> Other - <i>Specify</i> _____	<input type="checkbox"/> Replacement License <input type="checkbox"/> Child Pass <input type="checkbox"/> Spouse Pass

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

Applicant or Stable Name \_\_\_\_\_  
 Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ State/Driver's License # \_\_\_\_\_

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Race \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
 Last Name First Name Middle Name

Permanent Address \_\_\_\_\_  
 Street and Number City State Zip Code Area Code/Phone #

Local Address \_\_\_\_\_  
 Street and Number City State Zip Code Area Code/Phone #

**IN CASE OF EMERGENCY NOTIFY – Nearest Living Relative**

\_\_\_\_\_  
 Name Address City State Zip Code Area Code/Phone #

**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.

Is it legal for you to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Passport/Visa No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you ever been licensed by the New Mexico Racing Commission? \_\_\_\_\_ Yes \_\_\_\_\_ No When \_\_\_\_\_  
Has any other Racing Commission or authority ever licensed you? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

**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 provided.**

Has your license ever been suspended, denied, revoked or is any complaint pending against you in any racing jurisdiction?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

Have you ever been expelled, ejected or denied privileges by any racetrack, or been fined \$200 or more or suspended 10 or more days?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

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?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain \_\_\_\_\_

Have you ever had any NON-RACING permit or license denied, suspended or revoked by any federal, state or local government agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

Have you ever pleaded guilty, nolo contendere, been convicted; or been fined or forfeited bail for any criminal offense, either felony or misdemeanor (except minor traffic violations); or are criminal charges pending against you in any Court in any State?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, say that I am the applicant above named; that I have read the foregoing and know the contents thereof; that the same is true of my own 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.

\_\_\_\_\_  
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 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: \_\_\_\_\_

\_\_\_\_\_  
Signature (must be at time application is made) Date

**Steward Approval**

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**Denial**

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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: \_\_\_\_\_