



State Form 46652 (R20 / 1-20)



OFFICE USE ONLY

License Year:
 New or Renewal
 Date ____/____/____
 Total Fees _____
 Payment _____
 Clerk _____ F.P. _____
 Reviewed by: _____

Multi-Purpose License Application

(Check the box next to the license for which you are applying. This form NOT for use by Owners, Trainers or Vendor Contractors.)

\$15 Fee (per license checked below)

- Horsemen's Assoc. Emp - Breed _____
- Exercise Rider
- Hotwalker - Breed _____
- Groom - Breed _____
- Pari-Mutuel Clerk
- Pony Rider
- Track Employee _____
List occupation here
- Track Security
- Vendor Employee _____
List company name here
- Other _____
List license type

\$35 Fee (per license checked below)

- Jockey
- Apprentice Jockey
- Starting Gate Crew
- Assistant Trainer - Breed _____
- Authorized Agent
- Driver
- Farrier
- Farrier's Assistant _____
Indicate employer
- Racing Official _____
Type of official
- Veterinarian's Helper _____
DVM's Name
- Valet

\$60 Fee

- Track Management

\$100 Fee (per license checked below)

- Practicing or Track Vet *(Circle which)*
- Massage Therapist - Breed _____
- Equine Dentist - Breed _____
- Jockey Agent

No Fee

- Commissioners/IHRC Staff

Failure to completely respond to all application questions may result in a pended or refused application. If question not relevant, please indicate "N/A". Per IC 4-31-6-2, fee amounts are established by the Indiana Horse Racing Commission and can be found published at www.in.gov/hrc/2348.htm.

1. Have you been previously licensed by the Indiana Horse Racing Commission (IHRC)? Yes No

If yes, please list your IHRC license number here: #

2. Name of applicant _____
Last First Middle Maiden

3. Have you ever used an assumed name or been known by another name? Yes No
If yes, give name(s)/nickname(s) _____

4. Are you married? Yes No If yes, give full name of spouse, including maiden name: _____

5. Permanent address: _____
Street
City State/Province ZIP

6. Local address: _____
(Need only complete this question if permanent address differs from local.)
City State/Province ZIP

7. Telephone numbers: () () ()
Primary Number Secondary Number Fax Number

8. Person to be notified in case of emergency: _____ Telephone: ()

| 9. | E-mail Address | Gender | Height | Weight | Hair Color | Eye Color | Birth Date <i>(mm/dd/yyyy)</i> | Age |
|----|----------------|--------|--------|--------|------------|-----------|-----------------------------------|-----|
| | | | | | | | | |

10. Are you a U.S. Citizen? Yes No - If no, from what country are you? _____
What city and state were you born in? _____

11. Have you (or your spouse) been licensed and fingerprinted in another racing jurisdiction? Please indicate below:

| You or Spouse? | Date <i>(mm/dd/yyyy)</i> | Type (license/occupation) | State/Province/Country | Fingerprint Date <i>(mm/dd/yyyy)*</i> |
|----------------|-----------------------------|---------------------------|------------------------|--|
| (a) _____ | _____ | _____ | _____ | _____ |
| (b) _____ | _____ | _____ | _____ | _____ |

* Fingerprints may be necessary and if so, an additional cost of \$25 will apply. The licensing office will contact you if fingerprints will be required. For your convenience, licensing office contact information is located at the bottom of the last page of this application.

12. This question pertains to **Standardbred licensees only:**
USTA Number _____ USTA Expiration Date *(mm/dd/yyyy)* _____

13. Give the following information relative to your current employer. If self-employed, so indicate:

| Employment Dates (mm/dd/yyyy) | Name of Employer | Address (Street, City, State, ZIP) |
|-------------------------------|------------------|------------------------------------|
|-------------------------------|------------------|------------------------------------|

- 14.a) Yes No Have you ever been **SUSPENDED** for more than fifteen (15) days?
 b) Yes No Have you ever been **FINED** more than \$500?
 c) Yes No Has your (or your spouse's) racing license ever been **DENIED** or **REVOKED**?
 d) Yes No Do you (or your spouse) have **PENDING** racing violations?
 e) Yes No Have you or your spouse ever been **RULED OFF** or **BARRED** from a race track?

If any in 14 a, b, c, d, or e was answered **YES**, you **must** provide the following:

| Date (mm/dd/yyyy) | State | Track | Specific Violation and Penalty |
|-------------------|-------|-------|--------------------------------|
| (1) _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ |

- 15.a) Yes No Have you (or your spouse) ever been **ARRESTED**? You must answer **YES**, even if charges were dropped or dismissed. You're not required to report if arrest was expunged.
 b) Yes No Are you (or your spouse) currently on **PAROLE** or **PROBATION**?
 c) Yes No Are there **CRIMINAL** charges currently pending against you?

If any question in 15 a, b or c was answered **YES**, you **must** provide the following for each incident:

| Date of Arrest (mm/dd/yyyy) | State | Arresting Agency | Offense | Outcome/Sentence |
|-----------------------------|-------|------------------|---------|------------------|
| (1) _____ | _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ | _____ |

16. IHRC Rules Require Worker's Compensation Act Compliance. Licensed employers shall carry worker's compensation insurance covering their employees as required by 71 IAC 5-1-10 and 71 IAC 5.5-1-10. A complete set of Indiana Horse Racing Commission rules can be found at www.in.gov/hrc. Please reference the Worker's Compensation and Employment acknowledgment paragraphs within this application's affidavit below. If you are not sure whether you need worker's compensation insurance coverage, please contact your insurance agent, the Worker's Compensation Board in the state where your business is domiciled, or the Indiana Worker's Compensation Board at **317-232-3808**.

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

Thereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies - with the exception of those provided for by the Indiana Administrative Orders and Procedures Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom - against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

Worker's Compensation Coverage Requirement: I am participating in pari-mutuel racing in the state of Indiana. I am currently licensed or have submitted an application for licensure to the Indiana Horse Racing Commission ("IHRC"). I acknowledge that both Indiana state law (I.C. 22-3-5-1) and IHRC regulations (71 IAC 5-1-10) require that employers provide worker's compensation for employees. I attest that I have worker's compensation coverage for my employees and will provide to the IHRC a Certificate of Coverage that identifies the IHRC as the Certificate Holder. I further attest that if I currently do not have employee(s) but hire employee(s) at some point during the licensing period, I will purchase worker's compensation coverage for the entirety of their employment and provide proof of coverage to the IHRC. I understand that within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge.

Employment Verification: I am currently licensed or have submitted an application for a license to the Indiana Horse Racing Commission ("IHRC"). I have completed the Employment Eligibility Verification Form ("Form I-9") required by the Immigration Reform and Control Act ("IRCA") for each of my employees required to be licensed by the IHRC. I agree to complete a Form I-9 for each new employee I hire during this calendar year who is required to be licensed by the IHRC. I agree to make available for review the redacted Form I-9 for each of my employees required to be licensed by the IHRC to the IHRC upon request. Within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge. I understand that failure to abide by the terms of this affidavit or the IRCA may result in the initiation of a disciplinary action against me by the Indiana Horse Racing Commission.

Thereby certify that I have read the foregoing Application and Affidavit and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, the Indiana State Department of Revenue and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

| | |
|--------------------------|------|
| Signature of Applicant * | Date |
|--------------------------|------|

* If applicant is under sixteen (16) years of age, and working for a licensed Parent or Legal Guardian, this Application must be signed by applicant's Parent or Legal Guardian in the presence of one or more track judge or steward. Parent or Legal Guardian hereby provides permission of licensure and accepts responsibility of such licensure.

| | | | | | | | |
|--|---|---|------|--|---|---|------|
| Signature of Parent or Legal Guardian | / | / | Date | Acknowledgment by Judge or Steward | / | / | Date |
| Printed name of Parent or Legal Guardian | / | / | Date | Printed Acknowledgment by Judge or Steward | / | / | Date |

To be completed by Applicant's Employer:

| | | | | |
|--------------------|-------------------------|--------------|---------------------|------------------|
| Employer Signature | Employer (printed name) | Company Name | IHRC License Number | Telephone Number |
|--------------------|-------------------------|--------------|---------------------|------------------|

Please mail this form (SF46652) and the appropriate fee paid by check made payable to IHRC (using US funds) to the location you'll be racing at below:

Standardbred Racing
Indiana Horse Racing Commission
 c/o 3029 East 41st Street, Anderson, IN 46013
 P: 765-609-4855 F: 765-683-2568
www.in.gov/hrc

~OR~

Thoroughbred/Quarter Horse Racing
Indiana Horse Racing Commission
 c/o 4425 N 200 W, Shelbyville, IN 46176
 P: 317-713-3350 F: 317-713-3355
www.in.gov/hrc