



OFFICE USE ONLY

License Year:

New or Renewal

Date _____ / _____ / _____

Total Fees _____

Payment _____

Clerk _____ F.P. _____

Reviewed by: _____

IHRC License Number

Trainer License Application (\$35)

Standardbred Thoroughbred Quarter Horse

If you would like to add an additional license, please check the appropriate box(s) below.

Owner (\$35)
 Driver (\$35)

(Fee increases by \$35 for each license box checked.)

Failure to completely respond to all application questions may result in a pended or refused application. If question is 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. Name of applicant _____
Last First Middle Maiden

2. Have you been known by another name? If yes, please list. _____

3. Are you married? Yes No _____
(Please give full name of spouse on line above, including maiden name.)

4. Permanent address: _____
Street

City State/Province ZIP/Country

5. Local address: _____
(Only complete this question if Permanent Address differs from Local.)

City State/Province ZIP/Country

6. Phone numbers: _____
Primary Number Secondary Number Fax Number

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

8.	E-mail Address	Gender	Height	Weight	Hair Color	Eye Color	Birth Date (mm/dd/yyyy)	Age

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

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

You or Spouse?	Date (mm/dd/yyyy)	Type (license/occupation)	State/Province/Country	Fingerprint * Date (mm/dd/yyyy)
(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.

11. This question pertains to **Standardbred licensees only:**

USTA Number _____ USTA Expiration Date (mm/dd/yyyy) _____

12. 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)

13. a) Yes No Have you ever been **SUSPENDED** for more than fifteen (15) days?
 b) Yes No Have you ever been **FINED** over \$500?
 c) Yes No Has your racing license (or your spouse's) 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 question in 13 a, b, c, d, or e was answered as **YES**, you *must* provide the following for each incident:

Date (mm/dd/yyyy)	State	Track	Specific Violation
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

14. 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 14 a, b or c was answered as **YES**, you *must* provide the following for each incident:

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

If additional space is needed in relation to any of the questions above, please use a separate sheet of paper and submit it with this form.

15. Statement of Ownership

All names below must read as they are registered with the USTA or as shown on Jockey Club or AQHA papers. **No** owner may be licensed as a horse **OWNER** unless s/he, during the period of licensure is the owner or lessee of record of a properly registered racehorse(s); or has an interest as a part owner or lessee of a properly registered racehorse.

a. Statement of Ownership (horses the **applicant currently OWNS** within the USTA, AQHA or Jockey Club)

Horse(s) Name	Age	Owner(s) Name	Trainer Name	Percentage Owned (%)	Breed TB/QH/SB	Lease? Yes or No

b. If you listed a **Stable Name** or **Ownership Entity** (a partnership, corporation, etc.) as **owner** of a horse, please tell us about the **individual persons** under that name holding any interest in those horses. Please check with each state in which you plan to race, to determine if they require a separate **Stable or Entity** registration form be filed, in addition to this application.

Horse(s) Name	Owner(s)	Percentage Owned (%)

16. Employment and Employing Help:

Trainers operating within restricted areas of licensed racetracks shall ensure that they (and their employees) are licensed. A Trainer shall ensure that each owner for whom he or she trains applies for a license. A horse in a trainer's care shall not start in a race unless the Owner has a license on file with the commission. It shall be a trainer's responsibility to maintain with the commission up-to-date names of owners, current employees, and others having access to the trainer's assigned premises. Such information shall be given by completing questions 16 a and b and question 18 a, b and c. This application shall contain all information considered pertinent by the commission. Changes in ownership of horses, new or discharged grooms, additions and/or deletions of horses noted on this form must be reported to the licensing office using the proper roster update form or application change form, whichever is applicable.

a. **Assistant Trainer:** _____ Telephone: () _____

b. Please list your **Stable Employees** below:

Employee(s) Name	IHRC License Number	Job Title	Dorm Room Number

17. 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**. A complete set of Indiana Horse Racing Commission rules can be found at www.in.gov/hrc. Please reference the Employment Verification paragraph on page 4 of this application within the affidavit waiver. 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**.

18. Statement of Training

a. List horses **you TRAIN**:

Horse(s) Name	Age	Owner(s)	Percentage Owned (%)	Breed TB/QH/SB	Lease? Yes or No

b. If you listed a **Stable Name or Ownership Entity** (a partnership, corporation, etc.) as owner of a horse, please tell us about the **individual persons** under that name holding any interest in those horses. Please check with each state in which you plan to race, to determine if they require a separate **Stable or Entity** registration form be filed, in addition to this application.

Horse(s) Name	Owner(s)	Percentage Owned (%)

c. Please indicate the following by checking the appropriate box and giving the information requested:

- (a) I will **stable on the grounds**..... **Barn Number(s)** _____ **Stall Assignment(s)** _____
- (b) I will **be shipping in from:** (complete box below)

<i>Name of Facility and Property Owner</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

If additional space is needed in relation to any of the questions above, please use a separate sheet of paper and submit it with this form.

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.

I hereby 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.

I agree to waive confidentiality related to an animal's veterinary medical records as outlined in I.C. 25-38.1-4-5.5(d), I.C. 5-14-3-4, and any other pertinent rule or law regulating horse racing and veterinary records in Indiana as it applies to a disciplinary action before the Commission.

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.

I hereby 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

Please mail this form (SF46651) 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 (IHRC)
c/o 3029 East 41st Street, Anderson, IN 46013
P: 765-609-4855 F: 765-683-2568
www.in.gov/hrc

~OR~

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