



WASHINGTON HORSE RACING COMMISSION

6326 MARTIN WAY, SUITE 209
 OLYMPIA, WASHINGTON 98516
 PHONE: (360) 459-6462 FAX: (360) 459-6461

APPLICATION FOR LICENSE

License Type(s)				FOR OFFICIAL USE ONLY	
Full Name		Email Address		Location	
Gender	Date of Birth	Ethnicity	Citizenship	Fee Collected	Receipt Number
Height	Weight	Hair Color	Eye Color	Race Year	Date Issued
Home Phone	Cell Phone	Emergency Phone	Place of Birth	System ID	Date Expires
Social Security	Identification Type	Identification Number	Immigration Number	Issued By	
Spouse Name		Permanent Address (Street, City, State, and Postal Code)			
Aliases		Mailing Address (If different from your permanent address)			
Emergency Contact Name		Emergency Contact Address (Street, City, State, and Postal Code)			

Has your racing license or your spouses racing license ever been denied, suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has you ever been fined \$100 or more, ejected or banned from any race track or gambling facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has you ever had your drivers's license or business permit denied, suspended, or revoked by any government agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or your spouse ever pleaded guilty, plead no contest, been convicted or forfeited bail or been fined for any criminal offense, either felony or misdemeanor including driving under the influence of alcohol and/or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your spouse have any current indictments or complaints pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or your spouse currently on parole or probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any outstanding civil judgements against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you under obligation to pay child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OWNERS/TRAINERS HORSES		
Percent Owned	Horses Name	Trainers Name
Percent Owned	Horses Name	Trainers Name
Percent Owned	Horses Name	Trainers Name
Percent Owned	Horses Name	Trainers Name
Percent Owned	Horses Name	Trainers Name



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CRIMINAL AND RACING HISTORY				
Date	Offense			
	Type	Location	Jurisdiction	Disposition
Date	Offense			
	Type	Location	Jurisdiction	Disposition
Date	Offense			
	Type	Location	Jurisdiction	Disposition
Date	Offense			
	Type	Location	Jurisdiction	Disposition
Date	Offense			
	Type	Location	Jurisdiction	Disposition
Date	Offense			
	Type	Location	Jurisdiction	Disposition

ALL APPLICANTS MUST READ THE FOLLOWING AND SIGN BELOW:

By submitting this application I agree to abide by the laws of the state of Washington and the rules, regulations, and orders of the WHRC, including chapters 67.16 and 67.17 RCW and Title 260 WAC (Rules of Racing). I understand that (i) information may be obtained from law enforcement authorities and personal interviews with third parties; and (ii) my license may be denied, suspended, revoked, or cancelled, I may be subject to fine, and I may be charged with an administrative or criminal offense for making any false statements or omissions on this application. I have been provided information regarding the submission of my fingerprints and my rights to appeal and/or correct any information received involving criminal history contained in the report. I understand that I am subject to all conditions in the Rules of Racing and my failure to follow the rules shall be grounds for denial, suspension, revocation, or cancellation of my license, fine, and/or criminal charges. Employees- If I am applying for a license as a groom, assistant trainer, exercise rider (track or farm), I hereby certify that I am physically fit to perform all the duties of the license(s) for which I am applying (WAC 260-36-062).

I hereby certify that I have read the foregoing and affirm every statement made by me in this application as being complete and true.

SIGNATURE

DATE