

Wyoming Pari-Mutuel Commission
 Energy II Building
 951 Werner Court, Suite 335
 Casper WY 82601
 Phone (307) 265-4015
 Fax (307) 265-4279



http://parimutuel.state.wy.us/

LICENSE APPLICATION

FOR OFFICE USE ONLY

RECEIPT

PRINTS ON FILE:	LICENSE FEE (S):
DATE OF ISSUE:	INVESTIGATION FEE:
LICENSE #:	TOTAL FEE (S):
ASSOCIATION:	PAID BY: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> #:
STEWARDS APPROVAL:	CLERK:

PLEASE PRINT LEGIBLY. ANSWER ALL QUESTIONS (FRONT & BACK)
 PRESENT NOTARIZED APPLICATION & FINGERPRINT CARD TO THE WYOMING PARI-MUTUEL COMMISSION OFFICE

1. LEGAL NAME

LAST FIRST MIDDLE

2. NICKNAME, MAIDEN NAME OR OTHER NAME(S)

3. PERMANENT MAILING ADDRESS AT WHICH SERVICE OF PAPERS MAY BE MADE:

(STREET ADDRESS OR BOX NUMBER)

CITY STATE ZIP

() ()
 PERMANENT PHONE# WORK#

4. EMAIL ADDRESS:

5. EMERGENCY CONTACT NAME

PHONE NUMBER ()

6. PERSONAL INFORMATION

Social Security Number ---- ----

AND

Federal ID Number ---- ----
 (If Applicable)

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

AGE	DATE OF BIRTH			HGT	WGT	RACE	HAIR COLOR	EYE COLOR	GENDER M,F	PLACE OF BIRTH		U.S. CITIZEN Y/N
	M	D	Y							CITY	STATE	

7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

TYPE OF OWNERSHIP (CIRCLE ONE)	FOR OTHER THAN INDIVIDUAL OWNERSHIP, PLEASE SUPPLY THE FOLLOWING INFORMATION:
INDIVIDUAL	NAME
PARTNERSHIP	(STABLE NAME, PARTNERSHIP OR CORPORATION NAME)
CORPORATE	ADDRESS
TRAINER(S)	(STREET ADDRESS OR BOX NO.) (CITY)(STATE)(ZIP)
	PARTNERS AND/OR CORPORATE OFFICERS
	NAME NAME
	(NOTE: ALL PARTNERS AND CORPORATE OFFICERS MUST OBTAIN AN OWNER'S LICENSE. THE STABLE AND/OR CORPORATION MUST ALSO BE LICENSED UNDER ITS NAME.)

8. TRAINER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

NAME(S) OF OWNERS FOR WHOM YOU TRAIN	EMPLOYEE(S)
	(NOTE: ALL EMPLOYEES MUST OBTAIN A LICENSE)

1 YEAR LICENSE 3 YEAR LICENSE

TYPE OF LICENSE REQUESTED

TYPE I LICENSE - \$35.00 / Per Year

- | | |
|---|--|
| <input type="checkbox"/> AGENT (Authorized or Jockey) | <input type="checkbox"/> PERMITTEE OFFICIAL* |
| <input type="checkbox"/> EXERCISE RIDER | <input type="checkbox"/> PONY RIDER |
| <input type="checkbox"/> HORSEMEN'S BOOKKEEPER * | <input type="checkbox"/> RACING SECRETARY |
| <input type="checkbox"/> JOCKEY | <input type="checkbox"/> ROPER |
| <input type="checkbox"/> JOCKEY - APPRENTICE | <input type="checkbox"/> STABLE NAME |
| <input type="checkbox"/> MUTUEL OFFICIAL (Manager) * | <input type="checkbox"/> STARTER |
| <input type="checkbox"/> OUTRIDER | <input type="checkbox"/> TRAINER / ASST. |
| <input type="checkbox"/> OWNER (All or any Part) | <input type="checkbox"/> VETERINARIAN |
| <input type="checkbox"/> OWNER/TRAINER | <input type="checkbox"/> VET ASSISTANT * |
| <input type="checkbox"/> PLATER | <input type="checkbox"/> VENDOR |

TYPE II LICENSE - \$15.00 / Per Year

- | | |
|---|---|
| <input type="checkbox"/> ASSISTANT STARTER | <input type="checkbox"/> SECURITY/GATEMAN |
| Track: _____ | Facility: _____ |
| <input type="checkbox"/> GROOM * | <input type="checkbox"/> TECH SERVICE |
| Trainer: _____ | Group: _____ |
| <input type="checkbox"/> MUTUEL EMPLOYEE * | <input type="checkbox"/> VENDOR EMPLOYEE* |
| Facility: _____ | Vendor: _____ |
| <input type="checkbox"/> PERMITTEE EMPLOYEE * | |
| Position: _____ | |

DUPLICATE LICENSE - \$10.00

- Previous ID # _____

* EMPLOYER'S SIGNATURE REQUIRED HERE:

X

(REQUIRED FOR GROOM, HORSEMEN'S BOOKKEEPER, ALL MUTUEL AND PERMITTEE OFFICIALS AND EMPLOYEES, VET ASSISTANTS AND VENDOR EMPLOYEES.)



(OVER - NEXT PAGE)

Must Complete Back Page & Sign



9. DO YOU HAVE HORSES OR EMPLOYMENT AT THE TRACK FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING? YES NO

10. HAVE YOU EVER BEEN, OR ARE YOU PRESENTLY LICENSED BY ANY RACING JURISDICTION? YES NO

IF YOU ANSWERED "YES", PROVIDE THE MOST CURRENT LICENSE INFORMATION IN THE SPACE PROVIDED.

STATE(S)	LICENSED AS	YEAR	STATE(S)	LICENSED AS	YEAR

IF YOU ANSWERED "YES", TO 11, 12 OR 13 BELOW EXPLAIN YOUR ANSWER(S) IN THE SPACE PROVIDED. A RESPONSE OF "ON RECORD" IS NOT ACCEPTABLE. DO NOT INCLUDE ANYTHING THAT HAPPENED BEFORE YOUR 16TH BIRTHDAY, IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE OF A SEPARATE SHEET OF PAPER

11. ARE YOU PRESENTLY, OR HAVE YOU EVER BEEN FINED, SUSPENDED, SET DOWN, EJECTED FROM OR OTHERWISE BARRED FROM RACING BY ANY RACING JURISDICTION? YES NO

12. HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENSE, WHETHER A MISDEMEANOR OR FELONY, EXCEPT MINOR TRAFFIC VIOLATIONS? YES NO

13. HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF ANY OFFENSE REALTION TO ALCOHOL OR DRUGS? YES NO

DATE		NATURE OF OFFENSE	TYPE OF ACTION TAKE	LAW ENFORCEMENT AUTHORITY OR COURT (CITY AND COUNTY)	STATE
MO	YR				

THIS ITEM CONCERNS THE USE OF ALCOHOLIC BEVERAGES, AND THE SUPPLY OR USING , WITHOUT A PRESCRIPTION, OF MARIJUANA, COCAINE, HASHISH, NARCOTICS (OPIUM, MORPHINE, CODEINE, HEROIN, ETC.), DEPRESSANTS (BARBITURATES, METHAQUALONE, TRANQUILIZERS, ETC.), HALLUCINOGENICS (LSD, PCP, ETC.), OR OTHER DANGEROUS OR ILLEGAL DRUGS.

IF YOU ANSWERED "YES" TO 14 OR 15 BELOW, PROVIDE INFORMATION RELATING TO THE TYPES OF SUBSTANCE(S) USED, THE PERIODS AND FREQUENCY OF USE FOR EACH, AND ANY OTHER DETAILS OR EXPLANATION RELATING TO YOUR USE OF THESE SUBSTANCES ON A SEPARATE SHEET OF PAPER.

14. DO YOU NOW USE OR WITHIN THE LAST 5 YEARS HAVE USED, ALCOHOLIC BEVERAGES HABITUALLY TO EXCESS? YES NO

15. DO YOU NOW USE OR SUPPLY, OR WITHIN THE LAST 5 YEARS HAVE YOU USED OR SUPPLIED, MARIJUANA, COCAINE, NARCOTICS, HALLUCINOGENS, OR OTHER DANGEROUS OR ILLEGAL DRUGS? YES NO

CERTIFICATION THAT MY ANSWERS ARE TRUE
I HAVE READ EACH QUESTION ASKED OF ME AND UNDERSTAND EACH QUESTION AND CERTIFY UNDER PENALTY OF PERJURY THAT MY ANSWERS ARE TRUE AND ACCURATE. I UNDERSTAND THAT FALSE ANSWERS OR DELIBERATELY OMITTED INFORMATION IN THIS APPLICATION ARE GROUNDS FOR DENIAL OF APPLICATION FOR PARI-MUTUEL LICENSE AND MAY RESULT IN PROSECUTION FOR VIOLATION OF APPROPRIATE ADMINISTRATIVE RULES AND/OR STATE STATUTES.

AUTHORITY FOR RELEASE OF INFORMATION
I AUTHORIZE ANY DULY ACCREDITED REPRESENTATIVE OF THE STATE OF WYOMING, DIVISION OF CRIMINAL INVESTIGATION, TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM EMPLOYERS, CRIMINAL JUSTICE AGENCIES, CREDIT BUREAUS, OR MEDICAL INSTITUTIONS. THIS INFORMATION MAY INCLUDE, BUT NOT LIMITED TO, DISCIPLINARY ACTIONS, CRIMINAL HISTORY RECORD, ARRESTS, CONVICTIONS, MEDICAL, PSYCHIATRIC/PSYCHOLOGICAL, AND FINANCIAL AND CREDIT INFORMATION.
I FURTHER AUTHORIZE THE STATE OF WYOMING, DIVISION OF CRIMINAL INVESTIGATION, TO REQUEST CRIMINAL HISTORY RECORD INFORMATION ABOUT ME FROM CRIMINAL JUSTICE AGENCIES FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR PARI-MUTUEL AND OTHER PURPOSES AUTHORIZED BY LAW.
I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE DULY ACCREDITED REPRESENTATIVE OF AUTHORIZED AGENCIES AS AUTHORIZED BY LAW, FOR THE PURPOSE OF FINGERPRINT CLEARANCE OR FOR ANY OTHER PURPOSE NOT PROHIBITED BY LAW.
I RELEASE ANY INDIVIDUAL, INCLUDING RECORDS CUSTODIANS, FROM ALL LIABILITY FOR DAMAGES THAT MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS TO COMPLY WITH THIS AUTHORIZATION. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, AND PERSONAL REPRESENTATIVES(S) OF ANY NATURE, COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNATURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME.

APPLICANT'S STATEMENT
HAVING MADE APPLICATION FOR A LICENSE TO TAKE PART IN PARI-MUTUEL EVENTS IN WYOMING. I AGREE TO ABIDE BY THE WYOMING PARI-MUTUEL COMMISSION ADMISTRATIVE RULES AND APPLICABLE STATUTES OF THE STATE OF WYOMING. I AGREE THAT THE LICENSE ISSUED AS A RESULT OF THIS APPLICATION MAY AT ANY TIME BE SUMMARILY REVOKED, CANCELLED, TEMPORARILY SUSPENDED OR WITHDRAWN BY SAID PARI-MUTUEL COMMISSION BECAUSE OF INFRACTIONS OF THE RULES OR FROM MISSTATEMENTS OR OMISSIONS IN THIS APPLICATION. I HEREBY CONSENT TO REASONABLE SEARCHES OF MY PERSON AND PROPERTY CONDUCTED BY AUTHORIZED PERSONS DESIGNATED BY THE WYOMING PARI-MUTUEL COMMISSION WHILE ON THE GROUNDS OF ANY PERMITEE.

(NOTARY PUBLIC)

SWORN TO BEFORE ME THIS _____ DAY OF _____ APPLICANTS SIGNATURE X _____, 20____

(Notary Signature)

OWNER'S NOTE: THIS APPLICATION MUST BE SIGNED BY THE OWNER IN PERSON OR BY HIS DULY AUTHORIZED AGENT WHO SHALL ASSUME FULL RESPONSIBILITY FOR THE STATEMENTS AND PRESENTATIONS MADE HEREIN.

AGENT'S SIGNATURE _____ (If Applicable)

(ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY A COMMISSION EMPLOYEE)

FINGERPRINTS ARE REQUIRED
NOTARIZED FINGERPRINT CARDS APPROVED BY THE COMMISSION SHALL ACCOMPANY APPLICATION.