

Wyoming Gaming Commission
 Energy II Building
 951 Werner Court, Suite 335
 Casper WY 82601
 Phone (307) 265-4015
 Fax (307) 265-4279
 Website: gaming.wyo.gov



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 GAMING 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

Driver License Number State: _____ # _____

Social Security Number _____ - ____ - ____

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

ALL INFORMATION BELOW MUST BE FILLED OUT IN FULL

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

7. OWNER LICENSE APPLICANTS MUST COMPLETE THIS SECTION

TYPE OF OWNERSHIP (CIRCLE ONE)	INDIVIDUAL	CORPORATION *	PARTNERSHIP *	STABLE *
Name As It Appears On Registration Papers	(INDIVIDUAL, CORPORATION, PARTNERSHIP OR STABLE NAME)			
Partners/Corporate Officers	*(NOTE: ALL PARTNERS AND CORPORATE OFFICERS MUST OBTAIN AN OWNER'S LICENSE. THE STABLE AND/OR CORPORATION MUST ALSO BE LICENSED UNDER ITS NAME.)			
TRAINER(S)	Name	Name	Name	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. 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

10. 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

IF YOU ANSWERED "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED.

11. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, WHETHER A MISDEMEANOR OR FELONY? YES NO

IF YOU ANSWERED "YES", PLEASE LIST ALL CONVICTIONS (Except for traffic violations other than DUI's)

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

If Additional Space is Needed a "CRIMINAL HISTORY SUPPLEMENTAL FORM" is Available

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 GAMING 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 GAMING 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 REPRESENTATIVE(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 (ALL APPLICANTS MUST READ & SIGN)

HAVING MADE APPLICATION FOR A LICENSE TO TAKE PART IN GAMING EVENTS IN WYOMING, I AGREE TO ABIDE BY THE WYOMING GAMING COMMISSION ADMINISTRATIVE 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 GAMING 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 GAMING COMMISSION WHILE ON THE GROUNDS OF ANY PERMITEE. I, OF LAWFUL AGE, BEING FIRST DULY SWORN, UPON OATH STATES, UNDER PENALTY OF PERJURY AS FOLLOWS:

- I AM A UNITED STATES CITIZEN;
- I AM A QUALIFIED ALIEN under the Federal Immigration and Naturalization Act., and I am lawfully present in the United States
Provide A copy of your Passport / Visa / Alien Registration document and write the number & expiration date _____
- I AM NOT A UNITED STATES CITIZEN & I will not be physically present in the United States during the time of my licensure.

(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.

IF APPLICANT IS UNDER THE AGE OF 16
PARENT OR LEGAL GUARDIAN SIGNATURE _____
(If Applicable)

AGENT'S SIGNATURE _____
(If Applicable)

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

TWO FINGERPRINT CARDS ARE REQUIRED!!! NOTARIZED APPLICATION & FINGERPRINT CARDS APPROVED BY THE COMMISSION SHALL ACCOMPANY APPLICATION.