

Stewards or Judges	Ohio State Racing Commission 77 S. High St. -- 18th Floor Columbus, Ohio 43215-6108 (614) 466-2757	License Number	
		Inspector	Date Issued
Fingerprinted in the Year _____ For official Use Only			

Ohio State Racing Commission Breeder License Application -- \$10 Fee				
Last Name (Please Print)		First	Middle initial	Social Security Number
Permanent Address: Number and Street		City	State	Zip
Present Address: Number and Street		City	State	Zip
Date of Birth / /	Employer (include Address and Telephone Number)			
Home Phone Number ()	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Make of Car	License Number	State

Other than traffic , in the last ten years have you been arrested or convicted or served time on any criminal charge? If so, provide all information concerning the charge or charges, including date, location and final disposition. <i>Attach additional sheets if necessary.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you presently have a valid racing license from another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction / License Number
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Last Year Fingerprinted:	Jurisdiction Fingerprinted in:
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At this time are you under suspension, ruled off, or ineligible to participate in racing or breeding by any racing organization, association, commission or recognized authority in the United States or elsewhere? If yes, state when, where and by whom the rulings were made and the offense(s) charged. <i>Attach additional sheets if necessary.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Within the past five years has your license been denied, suspended or revoked, or have you been ruled ineligible for licensing by any racing commission or other racing authority? If yes, provide particulars. *Attach additional sheets if necessary.* Yes No

Have you ever been ejected from or denied the privileges of a racetrack? If yes, provide particulars. *Attach additional sheets if necessary.* Yes No

Do you carry workers compensation insurance coverage for all persons you employ? Yes No
 If you do not carry workers compensation insurance check proper reason: No Employees Contract Labor

List the names of any broodmares the applicant plans to breed in Ohio during the current year. *Attach additional sheets if necessary.*

in affixing my signature to this application, I certify **I have read and, to the best of my knowledge, correctly and truthfully answered each of the questions or statements on this application.** I hereby consent to the search of my person, my personal effects and places that I have the right to occupy and have control over while on the premises of a permit holder or areas outside of a permit holder's premises where horses eligible to race at the race meeting are stabled. I agree to provide a breath or urine sample in accordance with the Ohio Rules of Racing. I consent to the seizure of any illegal article or substance forbidden by the Ohio Rules of Racing found in my possession or in a location under my control on the premises of a permit holder. My refusal to consent to any searches and seizures described above will automatically result in the immediate revocation of my commission license and my being ruled off all tracks in Ohio for the remainder of the calendar year, and is a sufficient reason for the Ohio State Racing Commission to refuse to issue me a license.

Date of Application	Signature of Applicant
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