

New Mexico Racing Commission

4900 Alameda Blvd NE, Suite A
Albuquerque, NM 87113

Phone (505) 222-0700 www.nmrc.state.nm.us

Fax (505) 222-0713 if faxed must be notarized on pg 2

Please print in ink or type. Answer all questions.

New _____ Renewal _____ 1 Year _____ 3 year _____

LICENSE APPLICATION

OFFICIAL USE ONLY	
License No.	_____
Applicant ID	_____
Stable <input type="checkbox"/>	Date _____
Check No. _____	FP Date _____

▼ LICENSE FEE ▼ ▼ CIRCLE THE CATEGORY BELOW YOU ARE APPLYING FOR ▼

MAKE PAYABLE TO: NMRC ONE APPLICATION PER CATEGORY

FINGERPRINT FEE IS SEPARATE FROM LICENSE FEE

Group A \$120 annual –or– \$220 (3) three year	Owner	Trainer	Jockey	Apprentice	Official Vet	Practicing Vet	Racing Vet
Fingerprint processing fee, if applicable ▶	Jockey						

Group B \$ 120 annual only	Association	Club Racetrack	Concession Operator	Corporate Officer Director	General/Asst. General Manager	Plater	Private Barn	Simulcast Operator	Totalisator Operator
Fingerprint processing fee, if applicable ▶	Track Physician		Other Specify _____						

Group C \$95 annual only	Announcer	Director of Operations	Director of Racing	Jockey Agent	Official Auditor	Pari Mutuel Manager	Racing Secretary	Security Chief	Simulcast Cord.	Stable Supt.	Starter	Track Supt.
Fingerprint processing fee, if applicable ▶	Other Specify _____											

Group D \$40 annual only	Asst. Racing Secretary	Assistant Starter	Assistant Trainer	Clerk of Scales	Clocker	Exercise Person	Horse Identifier
Fingerprint processing fee, if applicable ▶	Other Specify _____						
	Horsemen's Bookkeeper	Jockey Room Custodian	Outrider	Paddock Judge	Placing Judge	Veterinarian Assistant	

Group E \$30 annual only	Authorized Agent	Concession Employee	Groom	Janitor	Jockey Valet	Laborer	Office Personnel	Pari Mutuel Employee	Photo/Video Employee	Pony Person
Fingerprint processing fee, if applicable ▶	Other Specify _____									
	Security Staff	Simulcast Employee	Comp.	Totalisator Employee	Track Maintenance Employee	Watchman				

First Replacement Pass or Spouse Child \$20.00	Replacement License	Child Pass	Spouse Pass	<input type="checkbox"/> A \$20.00 Photo Badge Fee Is Included In Above Amounts <input type="checkbox"/> Social Security Number for Child Support Enforcement Purposes
Original fee for additional replacement passes ▶				

1. APPLICANT

FULL LEGAL NAME					Social Security Number		Age	
First	Middle	Last			Date of Birth			Sex
Address (Mailing Address)		City	State	Zip	Race	Height	Weight	Color of Eyes
()		()						
Phone (cell #)		Phone (message #)			Color of Hair		Driver's License or ID Number	
Place of Birth (City, State, Country)		Spouse Name (Spouse Pass) >>>						

2. Stable Name (If Applicable)

Name	TIN
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3. IN CASE OF EMERGENCY NOTIFY— Nearest Living Relative

Name	Address	City	State	Zip Code	Phone # ()
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4. STATEMENT OF OWNERSHIP

Horse Name	Trainer's Name/ Track Name	Ownership Name on Registration Papers	% Owned

* If you selected **Stable Name**, please list names and percent of ownership of all individuals holding any interest in those horses on a separate sheet of paper

Please be very careful in answering the following questions. Providing false information subjects applicant to suspension. Answer yes or no and if yes, provide explanation in additional space. Failure to provide court documentation will delay license approval.

5. PRIOR LICENSURE

YES NO Have you ever been licensed by the New Mexico Racing Commission? If yes when : _____

YES NO Have you ever held a horse racing license in any other racing jurisdiction? List the State, Year and License type. _____

YES NO Has your license ever been suspended, denied, revoked or is any complaint pending against you in any racing jurisdiction? If yes explain: _____

YES NO Have you ever been expelled, ejected, or denied privileges by any racetrack, or been fined \$200 or more or suspended 10 or more days? If yes explain: _____

YES NO Have you ever been found guilty of any fraud or misrepresentation in connection with racing, or owned, operated a handbook or been employed by and/or associated with a bookmaker, any gambling or other illegal establishment? _____

6. BACKGROUND

YES NO Have you ever had any NON-RACING permit or license denied, suspended, or revoked by any Federal, State, or Local Government agency? If yes explain _____

YES NO Have you ever been convicted of any Criminal Offense? All convictions must be listed including: date, county, state, offense, and sentence. _____

YES NO Are you currently on any type of probation , parole, supervised release or suspended sentence for a felony offense ? _____

7. VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

YES NO Is it legal for you to work in the United States? _____ Expiration Date _____
 Passport/ Visa No. _____

8. ALL APPLICANTS MUST SIGN

I being duly sworn, due hereby certify that I am the above-named individual; that I have read the forgoing and know the contents thereof; that the same is true to my knowledge, and is made for the purpose of inducing the New Mexico Racing Commission to issue the license applied for; and I do assent and agree as a condition precedent to receiving said license, I will strictly comply with the Laws of the State of New Mexico and with the New Mexico Administrative Code governing Horse Racing; and further agree that should I fail to comply with the aforementioned my license may be suspended or revoked by the New Mexico Racing Commission. I understand that I am subject to random or for cause testing for the presence of alcohol or controlled substances as provided in Racing Commission Rules and consent to a background investigation in accordance with Subsection D of 16.47.1.8 NMAC which states "The filing of an application for license shall authorize the commission and the board to investigate criminal and employment records, to engage in interviews to determine applicant's character and qualifications, and to verify information provided by the applicant."

Signature of Applicant _____ Date _____

I HEREBY CERTIFY THAT APPLICANT IS EMPLOYED BY ME: Print Name: _____ Sign: _____

IF APPLICANT IS UNDER 18 years of age, provide signature of Parent or Legal Guardian below. By signing, the Parent or Legal Guardian gives permission for the licensure and accepts responsibility of such licensure, which shall include random drug testing:

Print Name of Parent/Guardian _____ Relationship to Applicant _____
 Parent/Guardian SSN: _____ Parent/Guardian's Date of Birth _____

9. STEWARD/LICENSING APPROVAL

Approved Denied

Faxed Applications must be notarized:
 State of _____ County of _____ Signed or attested before me this _____ day of _____ 20____
 My Commission expires: _____ Notary Public: _____

Official Use Only-Required Docs

New Application
 ID/Driver's License
 Social Sec. Card
 Fingerprints

Renewal
 ID/Driver's License