

LICENSE APPLICATION

New Mexico Racing Commission

4900 Alameda Blvd NE, Suite A - Albuquerque, NM 87113
Phone: (505) 222-0700

Please print in ink or type. **ANSWER ALL QUESTIONS**

Check appropriate box: New Renewal 1 Year 3 Years

**** FINGERPRINT FEE & DRUG TESTING FEE ARE SEPARATE FROM LICENSE FEE ****

◆◆ OFFICIAL USE ONLY ◆◆

License No: _____
Applicant ID: _____
Today's Date: ____/____/____
 Cash Check/Money Order No. _____
FP Date: ____/____/____ Cards (2)
 FP Waived Under 18 Over 70
 Other: _____

MAKE CHECK/MONEY ORDER PAYABLE TO: NMRC

ONE APPLICATION PER CATEGORY/POSITION

**** FINGERPRINT PROCESSING FEE IF APPLICABLE FOR GROUPS A THROUGH E ****

Group A: ➔ ➔ ➔ ➔ Annual: \$120.00 - 3 yr: \$220.00	<input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Jockey <input type="checkbox"/> Jockey Apprentice <input type="checkbox"/> Official Vet <input type="checkbox"/> Practicing Vet <input type="checkbox"/> Racing Vet <input type="checkbox"/> Other (specify): _____		
Group B: Annual Only: \$120.00 <input type="checkbox"/> Association <input type="checkbox"/> Club Racetrack <input type="checkbox"/> Concession Operator <input type="checkbox"/> Corporate Officer Director <input type="checkbox"/> General/Asst Manager <input type="checkbox"/> Plater <input type="checkbox"/> Private Barn <input type="checkbox"/> Simulcast Operator <input type="checkbox"/> Totalisator Operator <input type="checkbox"/> Track Physician <input type="checkbox"/> Other(specify): _____	Group C: Annual Only: \$95.00 <input type="checkbox"/> Announcer <input type="checkbox"/> Director of Racing <input type="checkbox"/> Jockey Agent <input type="checkbox"/> Official Auditor <input type="checkbox"/> Pari Mutuel Manger <input type="checkbox"/> Racing Secretary <input type="checkbox"/> Security Chief <input type="checkbox"/> Simulcast Cord. <input type="checkbox"/> Stable Supt. <input type="checkbox"/> Starter <input type="checkbox"/> Track Supt. <input type="checkbox"/> Other(specify): _____	Group D: Annual Only: \$40.00 <input type="checkbox"/> Asst. Racing Secretary <input type="checkbox"/> Asst. Starter <input type="checkbox"/> Asst. Trainer <input type="checkbox"/> Clerk of Scales <input type="checkbox"/> Clocker <input type="checkbox"/> Exercise Person <input type="checkbox"/> Horse Identifier <input type="checkbox"/> Horsemen's Bookkeeper <input type="checkbox"/> Jockey Rm Custodian <input type="checkbox"/> Outrider <input type="checkbox"/> Paddock Judge <input type="checkbox"/> Placing Judge <input type="checkbox"/> Veterinarian Asst. <input type="checkbox"/> Other(specify): _____	Group E: Annual Only: \$30.00 <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Concession Employee <input type="checkbox"/> Groom <input type="checkbox"/> Janitor <input type="checkbox"/> Jockey Valet <input type="checkbox"/> Laborer <input type="checkbox"/> Office Personnel <input type="checkbox"/> Pari Mutuel Employee <input type="checkbox"/> Photo/Video Employee <input type="checkbox"/> Pony Person <input type="checkbox"/> Security Staff <input type="checkbox"/> Simulcast Comp. Employee <input type="checkbox"/> Totalisator Employee <input type="checkbox"/> Track Maintenance Employee <input type="checkbox"/> Watchman <input type="checkbox"/> Other(specify): _____
License Replacement, Spouse/Child Pass \$20.00 (Original fee for additional license/pass replacements)	<input type="checkbox"/> License Replacement <input type="checkbox"/> Spouse Pass <input type="checkbox"/> Child Pass	<input checked="" type="checkbox"/> A \$20.00 Photo Badge Fee is included in the above amounts <input checked="" type="checkbox"/> Social Security Number for Child Support Enforcement Purposes	

SECTION 1. APPLICANT INFORMATION (fill out all areas)

Full Legal Name (<i>print</i>) - First:			Middle:			Last:			
Maiden Name (<i>print</i>) :				Alias/Nickname (<i>print</i>) :					
Mailing Address:				City:		State:		Zip Code:	
Phone Number(s) – Home #:			Cell #:			Message #:			
Social Security Number or ITIN:			Age:		Date of Birth:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Driver's License Number & State:			Race:		Height:		Weight:		Eye Color:
Place of Birth – City:			State:			Country:			
HISA Registration Number:				Other Card Number (specify):					
Email Address:									
Spouse's Name (spouse pass only) – First:			Middle:			Last:			

SECTION 2. EMERGENCY CONTACT (Nearest Living Relative)

Name – First:		Last:		Phone Number #:				
Address:			City:		State:		Zip Code:	

SECTION 3. STATEMENT OF OWNERSHIP

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

LICENSE APPLICATION

Please be accurate in answering the following questions. Providing false information is subject to suspension and/or denial of your license. Answer yes or no. If your answer is 'yes', YOU MUST provide explanation in additional space and/or sheet of paper. Failure to provide court documentation will delay license approval.

SECTION 4. PRIOR LICENSURE

<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Have you ever been licensed by the New Mexico Racing Commission (NMRC)? If yes, when:
<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Have you ever held a horse racing license in any other racing jurisdiction: If yes, list the State, Year, and License type:
<input type="checkbox"/> Yes <input type="checkbox"/> No	c) Has your license ever been suspended, denied, revoked, or is any complaint pending against you in any racing jurisdiction? If yes, explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	d) Have you ever been ejected, expelled, excluded or denied privileges by any racetrack or casino? If yes, explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	e) Do you have any outstanding fines with the NMRC or any other Racing Jurisdictions? If yes, list the outstanding amount(s) & jurisdiction(s):
<input type="checkbox"/> Yes <input type="checkbox"/> No	f) 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?

SECTION 5. BACKGROUND

<input type="checkbox"/> Yes <input type="checkbox"/> No	a) 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:
<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Have you ever been convicted of any felony or misdemeanor criminal offense? If yes, include all dates, counties, states, offenses, and sentences.
<input type="checkbox"/> Yes <input type="checkbox"/> No	c) Are you currently on <u>any</u> type of probation, parole, supervised release, or suspended sentence for a felony or misdemeanor offense? If yes, explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	d) Do you currently have any outstanding criminal charges/warrants pending against you? If yes, please provide the date(s) of arrest, list of charge(s), final disposition(s) (if any)
<input type="checkbox"/> Yes <input type="checkbox"/> No	e) Do you or have you ever participated in unsanctioned racing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	f) Is your Spouse currently on suspension or been banned or suspended from participating in ANY racing jurisdictions or racetrack? If yes, explain:

SECTION 6. VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

<input type="checkbox"/> Yes <input type="checkbox"/> No	a) Is it legal for you to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Do you have valid documentation verifying your eligibility to work in the United States? ALL documents must be provided <input type="checkbox"/> Resident Card <input type="checkbox"/> Visa <input type="checkbox"/> H1-B1 Visa <input type="checkbox"/> Citizen Papers Document No: _____ Expiration Date: _____

SECTION 7. ALL APPLICANTS MUST SIGN

I being duly sworn, do 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."

Applicant's Signature: _____ **Date:** _____

I HEREBY CERTIFY THAT APPLICANT IS EMPLOYED BY ME:

Print Name (First & Last): _____ Signature: _____

SPOUSE/PARENT/LEGAL GUARDIAN: By signing below, the Spouse or Parent/Legal Guardian gives permission for the licensure and accepts responsibility of such licensure, which shall include random drug testing. Spouse Parent Legal Guardian

Full Name (print): _____ SSN: _____ Date of Birth: _____

SECTION 8. LICENSING / STEWARDS – DO NOT WRITE BELOW – OFFICIAL USE ONLY

REQUIRED DOCUMENTS PROVIDED

New Application - DL/ID Social Security Card Fingerprints
 Other (specify): _____

Renewal - DL/ID Social Security Card Fingerprints (if applicable)
 Other (specify): _____

APPROVED (initials)			DENIED (initials)		

Equibase: _____

ARCI: _____

Database: _____



Licensing Initials: _____