

## 2026 AUTHORIZED AGENT APPOINTMENT

AN APPOINTMENT OF AN AUTHORIZED AGENT FOR ONE CATEGORY OF ACCOUNT MAY NOT BE UTILIZED TO FORM AN AUTHORIZED AGENT FOR ANY OTHER ACCOUNT. A SEPARATE AUTHORIZED AGENT FORM MUST BE SIGNED BY ALL OWNERS FOR EACH SEPARATE AND DISTINCT ACCOUNT.

Name of Agent to be appointed: \_\_\_\_\_ Authorized Agent License # \_\_\_\_\_

Authorized Agent for (Check One) ☐ Individual ☐ Multiple Owners (See \*\*)  
☐ Corporation ☐ Stable Name: \_\_\_\_\_ (See \*\*)

\*\*Please list all Owners here: \_\_\_\_\_  
\_\_\_\_\_

**Based on track policy, checks will not be distributed to each individual owner listed. The bookkeeper will only distribute checks to the Principle Owner (et al) of a Stable/Partnership OR the Authorized agent as designated by this form.**

The listed Authorized Agent above may conduct the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Claim Horses in my/our name          | <input type="checkbox"/> Sell Horses without written consent     |
| <input type="checkbox"/> Buy Horses without written consent   | <input type="checkbox"/> Transfer Horses without written consent |
| <input type="checkbox"/> Receive checks made payable to me/us |  |

Authorized Agent's Phone #: (\_\_\_\_\_) \_\_\_\_\_

I hereby appoint the person indicted above to act for me on matters relating to my race animals in accordance with New Mexico Racing Commission Rules. I assume full financial responsibility for the acts of my Authorized Agent in connection with this appointment. In granting this authority, I release the New Mexico Racing Commission from any liability or responsibility for any misuse of the authority or misappropriation of any funds on the part of my appointed Authorized Agent. I understand that changes in the Authorized Agent's powers or revocation of an Agent's authority shall be in writing, notarized and shall be filed with the New Mexico Racing Commission and the Horsemen's Bookkeeper. I understand all appointments expire December 31 of calendar year appointed. A new appointment form will be needed for continued authorization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by  
(NMRC ONLY)

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC