



Suite 1700S
555 W Monroe St.
Chicago, IL 60661

FOR BOARD USE ONLY
License Number: _____
Date Issued: _____

ILLINOIS RACING BOARD

CLAIMING AUTHORIZATION FORM

Upon claiming, this form serves
As your License Application

License Clerk _____
Track _____

FEE: \$25

THOROUGHBRED STANDARD BRED

ALL QUESTIONS MUST BE ANSWERED

1. APPLICANT'S NAME – First Name and Initial _____ Last Name _____ (Maiden Name) _____				2. SOCIAL SECURITY NUMBER _____			
3. PRESENT HOME ADDRESS _____ Number and Street or Rural Route _____ City, town or post office, and State _____ Postal Zip _____						4. TELEPHONE (____) _____ Home (____) _____ Business	
5. DATE OF BIRTH _____	6. PLACE OF BIRTH _____	7. SEX M F	8. HEIGHT Ft. In.	9. WEIGHT Lbs.	10. HAIR _____	11. EYES _____	12. MARITAL STATUS Married Single
13. FULL NAME OF SPOUSE _____						14. SPOUSE MAIDEN NAME _____	
15. LIST ALL OTHER NAMES YOU HAVE USE, INCLUDING NICKNAMES, IF YOU HAVE USED ANY SURNAME OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED. _____ _____							
16. DRIVER'S LICENSE INFORMATION State _____ Lic. No. _____				17. VEHICLE REGISTRATION INFORMATION Make _____ Model _____ Lic. No. _____ Make _____ Model _____ Lic. No. _____			
18. GIVE COMPLETE RECORD OF YOUR EMPLOYMENT DURING THE PAST 5 YEARS. IF SELF-EMPLOYED, SO INDICATE, AND GIVE NAME, ADDRESS AND TYPE OF BUSINESS. IF NOT EMPLOYED OR ENGAGED IN ANY OCCUPATION, CHECK HERE _____							
Dates		Name and Address of Employer			Type of Business		Position Held
_____	_____	_____			_____		_____
_____	_____	_____			_____		_____
_____	_____	_____			_____		_____
19. LIST STATE RACING LICENSES ISSUED TO YOU LAST YEAR. IF NOT LICENSED LAST YEAR CHECK HERE _____							
State	License Type	License No.	State	License Type	License No.		
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		

THIS SPACE INTENTIONALLY LEFT BLANK

20. Have you ever been licensed in any state under any other name? If yes, list (in the space provided below) the names and ages used and identify the state and the year.	<input type="radio"/> Yes	<input type="radio"/> No
21. Has your license (or your wife's or husband's license, if any) ever been denied, suspended or revoked, or are you currently the subject of any violations in this or any other racing jurisdiction with the exception of routine riding of seven days or less (jockeys only)?	<input type="radio"/> Yes	<input type="radio"/> No
22. Have you ever been found guilty of any fraud or misrepresentation in connection racing or breeding?	<input type="radio"/> Yes	<input type="radio"/> No
23. Have you ever been ruled off or denied the privilege of a racetrack, or been suspended or discharged from any racetrack by any racing official, association or commission?	<input type="radio"/> Yes	<input type="radio"/> No
24. Have you or any member of your immediate family (a) ever been employed by or associated with a bookmaker or any gambling or illegal establishment, or (b) ever owned or operated a handbook or other illegal establishment?	<input type="radio"/> Yes	<input type="radio"/> No
25. Have you ever had any permit or license of any type denied, suspended or revoked by any Federal, State, or local governmental agency?	<input type="radio"/> Yes	<input type="radio"/> No
26. Have you ever plead guilty, plead nolo contendere, been found guilty, or been convicted, or forfeited bail or been fined for any criminal offense, either felony or misdemeanor (except traffic violations other than driving under the influence of intoxicating liquor/drugs)?	<input type="radio"/> Yes	<input type="radio"/> No
27. Are you now under charges for any offense against the law (except minor traffic violations)?	<input type="radio"/> Yes	<input type="radio"/> No
If you answered YES to any of the above statements, provide additional details:		

Name of Trainer _____ License Expiration Date _____

The Undersigned, a trainer licensed by the Illinois Racing Board, confirms that he has agreed to take charge of, care for and train any horse claimed by the above-named applicant pursuant to this Authorization.

Trainer Signature: _____

NOTE: Both applicant and trainer are required to notify the stewards promptly in writing if the above agreement to train is terminated before a horse is successfully claimed.

NAME OF HORSE CLAIMED: _____

IMPORTANT: The Board may refuse to issue or may suspend the occupation license of any person who fails to file a return or to pay the tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue until such time as the requirements of any such tax Act are satisfied.

Applicant's Signature: _____ U.S.T.A No. (if a Member) _____

Subscribed and Sworn to before me this _____ Day of _____ 20_____

NOTARY PUBLIC

WE, THE UNDERSIGNED, Members of the LICENSE COMMITTEE created by the Illinois Racing Board do hereby recommend to the Illinois Racing Board that a _____ License be granted to the Applicant for the year 20_____.

I do hereby DISSENT to the above recommendation, and vote against the recommendation that such License be granted by the Illinois Racing Board.
