RACE TYPE	
HARNESS	☐
QUARTERHORSE	☐
THOROUGHBRED	☐

LICENSE YEAR 2014

Print Form | Submit | Clear Form

ILLINOIS RACING BOARD

Suite 7-701
James R. Thompson Center
Chicago, Illinois 60601

(The application fee is **NOT** refundable)

IMPORTANT NOTICE: This state agency is requesting disclosure of info that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is REQUIRED. Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.

LICENSE APPLICATION FORM

DRIVERS LICENSE
LIC#:
STATE:
VEHICLE INFORMATION
MAKE:
PLATE #:

☐ NEW APPLICANT
☐ RENEWAL

	ARLINGTON PARK	BALMORAL PARK	FAIRMOUNT PARK	HAWTHORNE RACE COURSE	MAYWOOD PARK
Illinois Racing Board License Office Address:	2200 W. EUCLID ARLINGTON HTS, IL 60006 847-255-4300 X7618 847-483-9873 FAX	26435 S. DIXIE HWY CRETE, IL 60417 708-672-1414 X 213 708-672-4208 FAX	9301 COLLINSVILLE RD. COLLINSVILLE, IL 62234 618-345-4300 X 143 618-346-5185 FAX	3501 S. LARAMIE CICERO, IL 60804 708-780-3700 X 3741 708-652-1097 FAX	8600 W. NORTH AVE. MELROSE PARK, IL 60160 708-343-4800 X 297 708-681-1864 FAX

$25 FEES

☐ OWNER	☐ JOCKEY	☐ VETERINARIAN	☐ BLACKSMITH	☐ PONY PERSON	☐ RACETRACK EMPLOYEE
☐ TRAINER	☐ APPRENTICE JOCKEY	☐ VETERINARIAN ASST	☐ APPRENTICE BLACKSMITH	☐ EXERCISE PERSON	☐ INTERTRACK EMPLOYEE
☐ DRIVER	☐ JOCKEY AGENT	☐ TRAINER ASST	☐ OFF TRACK STABLE	☐ FOREMAN	☐ RACING OFFICIAL
☐ OWNER/ASST TRAINER	☐ BUSINESS AGENT	☐ ANIMAL HEALTH TECH	☐ VENDOR	☐ HOTWALKER	☐ OTHER
☐ OWNER TRAINER DRIVER	☐ AUTHORIZED AGENT		☐ VENDER HELPER	☐ GROOM	

1. Last	M	First	2. Social Security Number:
Name:			
Maiden:			

3. ADDRESS (MAILING)
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)

4. TELEPHONE (HOME) **BUSINESS:** **FAX:**

MOBILE-CELL: **E-MAIL:**

5. DATE OF BIRTH: **6. SEX:** **7. HEIGHT:** **8. WEIGHT:** **9. HAIR:**

10. EYES: **11. SCARS, MARKS, TATTOOS:** **12. PLACE OF BIRTH:**

16. MARITAL STATUS ☐ MARRIED ☐ SINGLE

17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:

18. SPOUSE'S FULL NAME:

19. ALIEN STATUS (CHECK ONE) ☐ USA CITIZEN
☐ USA NATURALIZED CITIZEN (ID #)
☐ PERMANENT RESIDENT (ID #) EXP:
☐ TEMPORARY RESIDENT (PERMIT #)

20. IN CASE OF AN EMERGENCY, CONTACT:
NAME: **PHONE:**

13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:

YEAR	POSITION	EMPLOYER

14. YOUR TRAINER'S NAME:

15. NAME YOU WISH TO RACE UNDER. LIST STABLES AND PARTNERSHIPS UNDER WHICH YOU ARE RACING:

21. HARNESS ONLY: U.S.T.A. ID NUMBER:

22. VENDOR'S FEDERAL TAX NUMBER:

23. VETERINARIAN'S IL D.P.R. NUMBER: **EXPIRATION DATE:**

24. OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED:

	FBI		ISP	License Number:	License Clerk:
FOR IRB USE ONLY				Date:	Track:

NAME:

25. HAVE YOU EVER HAD **ANY** LICENSE, OF **ANY** TYPE DENIED, SUSPENDED OR REVOKED BY **ANY** FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM **ANY** RACETRACK BY A RACING ASSOCIATION OFFICIAL?	☐ YES	☐ NO
26. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR **ANY** CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING ***DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?***	☐ YES	☐ NO
27. ARE YOU NOW UNDER CHARGES FOR **ANY** CRIMINAL OFFENSE INCLUDING ***DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?***	☐ YES	☐ NO
28. HAVE YOU EVER BEEN THE SUBJECT OF **ANY** RULE VIOLATION IN **ANY** RACING JURISDICTION WHERE YOU WERE FINED MORE THAN $250.00 OR JOCKEY'S ONLY: SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE?	☐ YES	☐ NO
29. HAVE YOU OR A 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?	☐ YES	☐ NO
30. HAVE YOU EVER BEEN LICENSED IN **ANY** STATE UNDER A DIFFERENT NAME?	☐ Yes	☐ No

IF YOU ANSWERED "YES" TO QUESTIONS 25 THRU 30, GIVE THE YEAR, STATE, OFFENSE & DISPOSITION, OR OTHER INFORMATION BELOW:

ATTACH ADDITIONAL SHEET IF NEEDED

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD (11 ILLINOIS ADMINISTRATIVE CODE 210.10).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS, I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND BY THEM.

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.

X _____ X _____

APPLICANT'S SIGNATURE — DATE

X _____ X _____ X _____

TRAINER'S SIGNATURE — TRAINER'S NAME (PRINT) NOT REQUIRED FOR OWNERS — DATE

X _____ X _____ X _____

STATE VETERINARIAN — TRACK MANAGEMENT — OUTRIDER

DENIED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE DENIED FOR THE YEAR **2014**:

X _____ X _____ X _____

STATE STEWARD — STATE STEWARD — ASSOCIATION STEWARD

APPROVED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED FOR THE YEAR **2014**:

X _____ X _____ X _____

STATE STEWARD — STATE STEWARD — ASSOCIATION STEWARD