

DATE: _____

LICENSE #: _____

NEBRASKA RACING COMMISSION
5903 Walker Ave., Lincoln, NE 68507
Phone: 402) 471-4155 or Fax: (402) 471-2339

CHECK _____ CASH _____
TOTAL FEE RECEIVED \$ _____
(To be completed by Commission)

APPLICATION FOR AUTHORIZED AGENT LICENSE
REGISTRATION FEE: \$15.00

TO THE NEBRASKA STATE RACING COMMISSION:

I, (we) have this day appointed _____
(Authorized agent s name)

address _____, act for me (us) for the year _____, in matters pertaining to the racing of my (our) horses under the Rules and Regulations as adopted by the Nebraska State Racing Commission.

It is hereby understood that I assume full responsibility for the acts of my authorized agent in connection with this authority. This appointment may be cancelled by either party upon written notice filed with the Nebraska State Racing Commission and presentation of the Authorized Agent's License to the Commission.

(Check appropriate Box)

_____ This is authority to draw monies and to claim.

_____ This is authority to claim only.

_____ This is authority to Open Claim.

Horse (s) run under the partnership or Stable Name of _____

LIST HORSES:

(Owner s Signature)

(Owner s Signature)

(Owner s Signature)

(Owner s Signature)

ACKNOWLEDGEMENT

STATE OF _____:

COUNTY OF _____:

_____, being first duly sworn, says (say), that he, (they are), is the owner, (owners) of the above named horses and the statements and answers mad in the forgoing application are true.

Subscribed and sworn to before me this _____ day of _____, _____.

(Seal)

(Notary Public)