

License Application

- Bring your prior year's license when submitting this application
- When submitting application provide Finger Print verification within the last five years

LICENSE FEES	COMMISSION USE ONLY
1. Check one <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>\$15</p> <input type="checkbox"/> 17 Admissions Employee* <input type="checkbox"/> 21 Concession Employee* <input type="checkbox"/> 22 Food/Bev. Employee* <input type="checkbox"/> 24 Groom or Hotwalker* <input type="checkbox"/> 33 Security Guard* <p>\$20</p> <input type="checkbox"/> 37 Assistant Starter* <input type="checkbox"/> 38 Mutuel Employee* <input type="checkbox"/> 41 Veterinary Assistant* <p>\$25</p> <input type="checkbox"/> 45 Jockey agent (per rider)*</div> <div style="width: 30%;"> <p>\$30</p> <input type="checkbox"/> 51 Exercise Rider <input type="checkbox"/> 52 Official <input type="checkbox"/> 53 Outrider* <input type="checkbox"/> 54 Owner <input type="checkbox"/> 55 Plater <input type="checkbox"/> 56 Pony Person* <input type="checkbox"/> 57 Valet* <p>\$40</p> <input type="checkbox"/> 58 Assistant Trainer* <input type="checkbox"/> 59 Stable Foreman* <input type="checkbox"/> 60 Trainer</div> <div style="width: 30%;"> <p>\$50</p> <input type="checkbox"/> 65 Jockey <input type="checkbox"/> 61 Apprentice Jockey <input type="checkbox"/> 66 Owner/Trainer Combination <p>Other License:</p> <hr/> <p>_____ Fee</p> </div> </div>	Trans. No. _____ Orig. No. _____ Fee: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge Approved By: _____ Fingerprint Verification: _____ State: _____ Year: _____

***Employer's Signature Required**

APPLICANT INFORMATION

2. Full Name (First, Middle, Last)	3. Home Telephone Number ()
4. Social Security Number	5. Date of Birth
6. Business Telephone Number ()	

PERMANENT ADDRESS

6. Number and Street or Rural Route				7. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows: <input type="checkbox"/> I am a citizen of the United States OR <input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number as follows: _____ and I hereby agree to provide a copy of my USCIS documentation upon request. I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States	
City	State	Zip Code			
8. City and State of Birth	Sex	Height	Weight		
Hair	Eyes	Citizenship			

9. PERSON TO CONTACT IN CASE OF EMERGENCY

Name	Address	Telephone Number
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10. VEHICLES

(1) Year and Make of Vehicle	License/State	(2) Year and Make of Vehicle	License/State
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11. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	12. Spouse's Name	13. Maiden Name
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14. PRIOR RACING LICENSES

Type	State	Year	Type	State	Year
(1)			(2)		

15. If any answer is Yes, explain on the back of this form Section 20: YES NO

A. Have you ever used a name other than your current legal name or maiden name	□	□
B. Have you been convicted of any criminal offense—felony or misdemeanor	□	□
C. Are charges pending against you on any criminal offense—felony or misdemeanor	□	□
D. Have you been convicted of any alcohol or drug related offense	□	□
E. Have you or your spouse been fined, suspended, or denied a license by any racing commission or any board of stewards at a race track	□	□
F. Have you ever been expelled, ejected, or denied privileges at any race track	□	□

PLEASE SIGN ALL RACING DOCUMENTS THE SAME
All applicants complete the back side.

16. Most Recent Business or Employment in the Last 5 Years

DATES		EMPLOYER OR BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	POSITION HELD
FROM	TO			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. List Most Recent Address (other than current address) Where You Have Lived During the Last 3 Years

DATES		NUMBER & STREET OR RURAL ROUTE	CITY	STATE
FROM	TO			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. OWNERS:

Your Trainer's Name: _____

List Name of Horses You Plan to Race in Nebraska This Year

NAME OF HORSE	AGE	OTHER OWNERS	YOUR SHARE	FOALPAPERS IN RACING OFFICE NOW? (YES/NO)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. TRAINERS: List Owners for Whom You Are Now Training

OWNER	ADDRESS	NO. OF HORSES
_____	_____	_____
_____	_____	_____

20. Provide Explanation for Each YES Response to Section 15. Include date(s), place(s), disposition(s).

I hereby certify that information provided on this application (front and back) is true and correct to the best of my knowledge.

I hereby consent to review of any law enforcement records or reports concerning myself by representatives of the Nebraska Racing Commission.

I understand that failure to provide true and complete information, or failure to comply with Nebraska Rules of Racing may result in denial or revocation of this license.

I understand as a licensee that I must disclose to the stewards and the commission any suspensions or revocations from any other jurisdiction while my Nebraska License is in effect. I must disclose this information no later than seventy-two (72) hours after the ruling has been issued

EMPLOYER'S SIGNATURE

APPLICANT'S SIGNATURE

DATE