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NEBRASKA RACING COMMISSION 3401 Village Drive, Ste. 100, Lincoln, NE 68516 Phone: 402) 471-4155 or Fax: (402) 471-2339

CHECK ____CASH ____ TOTAL FEE RECEIVED \$____ (To be completed by Commission)

| APPLICATION FO | OR AUTHORIZED | AGENT LICENSE |
|----------------|---------------|---------------|
| REGIS | STRATION FEE: | \$15.00 |

| TO THE NEBRASKA STATE RACING COMMISSION: | | | | | | |
|---|---------------------------|--|--|--|--|--|
| I, (we) have this day appointed | | | | | | |
| (Authorized agent s name) | Ro | | | | | |
| 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. | | | | | | |
| to the racing of my (our) horses under the rules and regulations as adopted by the rules and | state reacing commission. | | | | | |
| It is hereby understood that I assume full responsibility for the acts of my authorized agent in co This appointment may be cancelled by either party upon written notice filed with the Nebraska S 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) | | | | | | |
| | | | | | | |
| | | | | | | |
| (Owner s Signature) | | | | | | |
| ACKNOWLEDGEMENT | | | | | | |
| | | | | | | |
| STATE OF | | | | | | |
| COUNTY OF: | | | | | | |
| | | | | | | |
| , being first duly sworn, says (say), th | at he, (they are), is the | | | | | |
| owner, (owners) of the above named horses and the statements and answers mad in t | he forgoing application | | | | | |
| are true. | | | | | | |
| Subscribed and sworn to before me thisday of | | | | | | |
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| | | | | | | |
| (Seal) | | | | | | |
| (Notary Public) | | | | | | |
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