

# 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  |   |   |  |
|---|--|---|---|--|
| <p>1. Check one</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>\$15</b></p> <input type="checkbox"/> 17 Admissions Employee*<br/> <input type="checkbox"/> 21 Concession Employee*<br/> <input type="checkbox"/> 22 Food/Bev. Employee*<br/> <input type="checkbox"/> 24 Groom or Hotwalker*<br/> <input type="checkbox"/> 33 Security Guard*<br/> <p><b>\$20</b></p> <input type="checkbox"/> 37 Assistant Starter*<br/> <input type="checkbox"/> 38 Mutuel Employee*<br/> <input type="checkbox"/> 41 Veterinary Assistant*<br/> <p><b>\$25</b></p> <input type="checkbox"/> 45 Jockey agent (per rider)*</td> <td style="width: 33%; vertical-align: top;"> <p><b>\$30</b></p> <input type="checkbox"/> 51 Exercise Rider<br/> <input type="checkbox"/> 52 Official<br/> <input type="checkbox"/> 53 Outrider*<br/> <input type="checkbox"/> 54 Owner<br/> <input type="checkbox"/> 55 Plater<br/> <input type="checkbox"/> 56 Pony Person*<br/> <input type="checkbox"/> 57 Valet*</td> <td style="width: 33%; vertical-align: top;"> <p><b>\$50</b></p> <input type="checkbox"/> 65 Jockey<br/> <input type="checkbox"/> 61 Apprentice Jockey<br/> <input type="checkbox"/> 66 Owner/Trainer Combination</td> </tr> </table> <p style="text-align: center;"><b>Other License:</b></p> <p>_____ Fee</p> <p style="text-align: center;"><b>*Employer's Signature Required</b></p> | <p><b>\$15</b></p> <input type="checkbox"/> 17 Admissions Employee*<br><input type="checkbox"/> 21 Concession Employee*<br><input type="checkbox"/> 22 Food/Bev. Employee*<br><input type="checkbox"/> 24 Groom or Hotwalker*<br><input type="checkbox"/> 33 Security Guard*<br><p><b>\$20</b></p> <input type="checkbox"/> 37 Assistant Starter*<br><input type="checkbox"/> 38 Mutuel Employee*<br><input type="checkbox"/> 41 Veterinary Assistant*<br><p><b>\$25</b></p> <input type="checkbox"/> 45 Jockey agent (per rider)* | <p><b>\$30</b></p> <input type="checkbox"/> 51 Exercise Rider<br><input type="checkbox"/> 52 Official<br><input type="checkbox"/> 53 Outrider*<br><input type="checkbox"/> 54 Owner<br><input type="checkbox"/> 55 Plater<br><input type="checkbox"/> 56 Pony Person*<br><input type="checkbox"/> 57 Valet* | <p><b>\$50</b></p> <input type="checkbox"/> 65 Jockey<br><input type="checkbox"/> 61 Apprentice Jockey<br><input type="checkbox"/> 66 Owner/Trainer Combination | <p>Trans. No. _____</p> <p>Orig. No. _____</p> <p>Fee: _____</p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> Check    <input type="checkbox"/> Charge<br/> <input type="checkbox"/> CC (AmEx, V, MC, DISC)</p> <p>Approved By: _____</p> <p>Fingerprint Verification: _____</p> <p>State: _____ Year: _____</p> |
| <p><b>\$15</b></p> <input type="checkbox"/> 17 Admissions Employee*<br><input type="checkbox"/> 21 Concession Employee*<br><input type="checkbox"/> 22 Food/Bev. Employee*<br><input type="checkbox"/> 24 Groom or Hotwalker*<br><input type="checkbox"/> 33 Security Guard*<br><p><b>\$20</b></p> <input type="checkbox"/> 37 Assistant Starter*<br><input type="checkbox"/> 38 Mutuel Employee*<br><input type="checkbox"/> 41 Veterinary Assistant*<br><p><b>\$25</b></p> <input type="checkbox"/> 45 Jockey agent (per rider)*  | <p><b>\$30</b></p> <input type="checkbox"/> 51 Exercise Rider<br><input type="checkbox"/> 52 Official<br><input type="checkbox"/> 53 Outrider*<br><input type="checkbox"/> 54 Owner<br><input type="checkbox"/> 55 Plater<br><input type="checkbox"/> 56 Pony Person*<br><input type="checkbox"/> 57 Valet*  | <p><b>\$50</b></p> <input type="checkbox"/> 65 Jockey<br><input type="checkbox"/> 61 Apprentice Jockey<br><input type="checkbox"/> 66 Owner/Trainer Combination   |   |  |

## APPLICANT INFORMATION

|  |   |
|--|---|
| 2. Full Name (First, Middle, Last) _____ | 3. Home Telephone Number<br>(    ) _____                            |
| 4. Social Security Number _____          | 5. Date of Birth _____<br>Business Telephone Number<br>(    ) _____ |

## PERMANENT ADDRESS

|   |             |                   |              |
|---|-------------|-------------------|--------------|
| 6. Number and Street or Rural Route _____ |             |                   |              |
| City _____                                | State _____ | Zip Code _____    |              |
| 8. City and State of Birth _____          | Sex _____   | Height _____      | Weight _____ |
| Hair _____                                | Eyes _____  | Citizenship _____ |              |

7. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:  
 I am a citizen of the United States **OR**  
 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**

## 9. PERSON TO CONTACT IN CASE OF EMERGENCY

|            |               |                        |
|------------|---------------|------------------------|
| Name _____ | Address _____ | Telephone Number _____ |
|------------|---------------|------------------------|

## 10. VEHICLES

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

## 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<br>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). "ON FILE" is NOT an acceptable explanation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

APPLICANT'S EMAIL ADDRESS \_\_\_\_\_