

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 <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> \$15 <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* \$20 <input type="checkbox"/> 37 Assistant Starter* <input type="checkbox"/> 38 Mutuel Employee* <input type="checkbox"/> 41 Veterinary Assistant* \$25 <input type="checkbox"/> 45 Jockey agent (per rider)* </td> <td style="width:33%; vertical-align: top;"> \$30 <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* \$40 <input type="checkbox"/> 58 Assistant Trainer* <input type="checkbox"/> 59 Stable Foreman* <input type="checkbox"/> 60 Trainer </td> <td style="width:33%; vertical-align: top;"> \$50 <input type="checkbox"/> 65 Jockey <input type="checkbox"/> 61 Apprentice Jockey <input type="checkbox"/> 66 Owner/Trainer Combination Other License: _____ _____ Fee </td> </tr> </table> <p align="center">*Employer's Signature Required</p> | \$15 <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* \$20 <input type="checkbox"/> 37 Assistant Starter* <input type="checkbox"/> 38 Mutuel Employee* <input type="checkbox"/> 41 Veterinary Assistant* \$25 <input type="checkbox"/> 45 Jockey agent (per rider)* | \$30 <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* \$40 <input type="checkbox"/> 58 Assistant Trainer* <input type="checkbox"/> 59 Stable Foreman* <input type="checkbox"/> 60 Trainer | \$50 <input type="checkbox"/> 65 Jockey <input type="checkbox"/> 61 Apprentice Jockey <input type="checkbox"/> 66 Owner/Trainer Combination Other License: _____ _____ Fee | Trans. No. _____ Orig. No. _____ Fee: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge <input type="checkbox"/> CC (AmEx, V, MC, DISC) Approved By: _____ Fingerprint Verification: _____ State: _____ Year: _____ |
| \$15 <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* \$20 <input type="checkbox"/> 37 Assistant Starter* <input type="checkbox"/> 38 Mutuel Employee* <input type="checkbox"/> 41 Veterinary Assistant* \$25 <input type="checkbox"/> 45 Jockey agent (per rider)* | \$30 <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* \$40 <input type="checkbox"/> 58 Assistant Trainer* <input type="checkbox"/> 59 Stable Foreman* <input type="checkbox"/> 60 Trainer | \$50 <input type="checkbox"/> 65 Jockey <input type="checkbox"/> 61 Apprentice Jockey <input type="checkbox"/> 66 Owner/Trainer Combination Other License: _____ _____ Fee | | |

APPLICANT INFORMATION

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

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 <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 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 _____