

AUTHORIZED AGENT

Fee: \$50.00

Delaware Thoroughbred Racing Commission
777 Delaware Park Boulevard
Wilmington, DE 19804
Phone (302) 994-2521 ext. 7138 or 7104

Year _____

TO WHOM IT MAY CONCERN

I have this day appointed _____, whose
address is _____, as my agent
to act for me for the year 20__ in all matters pertaining to the racing of horses, other
than collection of purses and moneys due me, under the Rules of Racing adopted by the
Delaware Thoroughbred Racing Commission. Permission is hereby granted to CLAIM
horses.

Owner _____

Witness: _____

Legal Address _____

I further authorize _____, whose address is
_____, to collect all purses and
other money due me from the Delaware Racing Association for the year 20__ with
authority to endorse checks of such association payable to me.

Owner _____

Witness: _____

Legal Address _____

State of _____ County or City of _____ to wit:
I hereby certify that on this _____ day of _____ 20__ before me the subscriber, a
Notary Public of the State of _____ in and for the County of _____,
aforesaid personally appeared _____ and he/she made oath
in due form of law that the matters and facts set forth in the foregoing application for
certificate(s) of appointment are true to the best of his/her knowledge and belief.

Date _____

Notary Public

DOCUMENT CANNOT BE FAXED. IT MUST BE MAILED OR HAND
DELIVERED