



Delaware Thoroughbred Racing Commission

777 Delaware Park Blvd, Wilmington DE 19804
(302) 994-2521 ext. 7138, 7258 | Fax (302) 993-8949 | DDA.DTRC.License@state.de.us
www.agriculture.delaware.gov/thoroughbred-racing-commission

LICENSE #

Steward

RENEWAL LICENSE APPLICATION

OFFICE USE ONLY					
PROCESSED BY	DATE PROCESSED	LICENSEE FEES	F/P FEE	TOTAL FEE	CHECK # _____ <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> MO <input type="checkbox"/> CASH
ARCI	DP EMPLOYEE	FBI F/P DATE	FBI F/P STATE		
\$5 FEE		\$30 FEE		\$50 / YEAR	Term of license applies only to Jockey, Owner, Trainer, Partnership or Stable Name <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year
<input type="checkbox"/> GROOM	<input type="checkbox"/> APPRENTICE JOCKEY	<input type="checkbox"/> FARRIER	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	
<input type="checkbox"/> HOT WALKER	<input type="checkbox"/> ASST. TRAINER	<input type="checkbox"/> JOCKEY AGENT	\$25 / YEAR		\$100 / YEAR
<input type="checkbox"/> STABLE EMPLOYEE	<input type="checkbox"/> EQUINE DENTIST	<input type="checkbox"/> VETERINARIAN	<input type="checkbox"/> PARTNERSHIP		
\$15 FEE		<input type="checkbox"/> EXERCISE RIDER	<input type="checkbox"/> VETERINARIAN ASST	<input type="checkbox"/> STABLE NAME	OWNER/TRAINER
<input type="checkbox"/> VENDOR	DELAWARE PARK EMPLOYEE			\$30 / YEAR	DTRC
<input type="checkbox"/> VENDOR EMPLOYEE	POSITION: _____			<input type="checkbox"/> JOCKEY	
<input type="checkbox"/> PONY PERSON	Reviewed (initial/date)		Interviewed (initial/date)	States all arrests & convictions listed	YES NO
Investigator					Conditional License <input type="checkbox"/> YES <input type="checkbox"/> NO

1. APPLICANT. MUST COMPLETE THIS ENTIRE SECTION

You Must Promptly Notify the Commission of Any Change to the Information Provided

First Name	Middle Name	Last Name	Nickname	Spouse Full Name
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Local Address (Street, City, State, Zip)	Permanent Address (if different from Local)
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Gender	Height	Weight	Hair color	Eye color	Citizen of	<input type="checkbox"/> VISA <input type="checkbox"/> Permanent Resident	Date of Birth
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Cell / Local Phone	Business / Home	Emergency Contact / Phone	Email Address
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* SSN or Federal ID #	* Voluntary provision of Social Security or Federal ID Numbers is requested as a secondary identifier
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PROVIDE DETAILS TO QUESTIONS BELOW WHEN ANSWERING YES (USE ADDITIONAL INFORMATION ADDENDUM IF NEEDED)

A. Have you or your spouse EVER been licensed to participate in racing in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you or your spouse been suspended or fined over \$250 since filing your last application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you or your spouse's license been denied suspended or revoked since filing your last DTRC application??	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Is there presently a complaint or ruling pending against you or your spouse in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Have you or your spouse had your fingerprints submitted to the FBI? _____ Year _____ State	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Have you, or your spouse, been ARRESTED since filing last application? (including DUI/DWI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. Have you, or your spouse, been CONVICTED since filing last application? (including DUI/DWI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. Are you or your spouse currently on parole or probation for any crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Question	Date	State	Offense	Sentence/Disposition/Fine/or Outcome

PROVIDING FALSE OR OMITTING INFORMATION MAY RESULT IN PENALTIES OR LICENSE DENIED OR REVOKED

2. EMPLOYERS AND EMPLOYEES				
A Current Copy of Your Workmen's Compensation Must be Provided to Delaware Park.				
EMPLOYER	Workmen's Comp Policy Holder	Workers' Comp Ins Company	Policy Number	Expiration Date
EMPLOYEE	Name of Employer	Signature of Employer	Residing at Delaware Park <input type="checkbox"/> YES <input type="checkbox"/> NO	Bunk House / Room

3. VETERINARIANS		4. JOCKEY AGENTS	
State of Delaware Board Number	Expiration	List Jockey(s)	

5. VENDORS			
Company Name	Type of Business	Business License #	# of Employees

6. JOCKEYS and APPRENTICE JOCKEYS			
Jockey Agent	Current Physical Date	Physical provided by (location or doctor)	Safety Rules Signed <input type="checkbox"/> YES <input type="checkbox"/> NO

CONSENT TO TREATMENT and HIPAA AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

I consent to the athletic training and rehabilitation services and related services by Premier Physical Therapy and Sports Performance, Limited Partnership ("Premier"). In doing so, I understand, and acknowledge and affirm that such athletic training and rehabilitation services may involve bodily contact, touch and/or direct contact of a sensitive nature.

I authorize Premier to disclose my Protected Health Information ("PHI"), as that term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to individuals or entities who may be in a position to evaluate my performance related to jockey riding activities at Delaware Park. I understand that I may revoke this authorization at any time by giving written notice to Premier, except to the extent that Premier and its agents, employees, and representatives may have taken action in reliance on this authorization.

This authorization is effective on the date stated below for an indefinite period of time. A photocopy of this authorization form is valid and should be given the same force and effect as the original.

Print Jockey Name	Jockey Signature	Date Signed
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7. ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT	
<p>In making this application for a license to participate in racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.</p> <p>By submitting this application I, the undersigned, do hereby (i) agree to abide by the rules and regulations of the pari-mutuel regulatory agency, the laws of the United States of America, Canada, state/provincial government, municipalities and other subdivisions thereof; and (ii) agree to abide by any provision regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any rights I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and in the seizure of any article the having of which may be forbidden.</p> <p>I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this form is subject to condition precedent as set out in the Rules of Racing, and that my failure to comply therewith shall be grounds for immediate voidance or revocation of such license. By acceptance of a license, I agree to abide by the Rules of Racing and rulings or decisions of the Stewards and Judges with the knowledge that rulings or decisions of the Stewards and Judges shall remain in force until reversed or modified only by the authorized regulatory agency. Fingerprints submitted will be searched by the Delaware State Police and Federal Bureau of Investigation.</p> <p>I hereby certify, under penalty of perjury, that I have read the foregoing form and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be revoked at any time for misstatement or omissions in the foregoing form. I also agree to abide by and obey the rules and regulations and conditions of the authorized regulatory agency in the jurisdictions in which I am granted a license.</p> <p>I expressly agree to be subject to the subpoena powers of the authorized regulatory agency or a written request issued in lieu of a subpoena and to provide the agency with any and all such information or documents which it may so request. This agreement shall extend to anything which relates to any matter which is the subject of an agency hearing or investigation.</p>	
APPLICANT Signature / Date	STEWARDS Signature / Date