DELAWARE THOROUGHBRED RACING COMMISSION

BADGE LIST / EMPLOYEE ROSTER

20____ RACING SEASON

dda.dtrc.license@delaware.gov
Fax: 302-993-8949

Trainer's License #_____
Phone number_____

I _____ affirm and ensure to D.T.R.C. that I have complied with Federal Law pertaining to the Immigration Reform Act and the names on the badge list have met the requirements necessary to be legally employed. I agree to notify the Licensing Office of any employee(s) who have self-terminated, have been discharged or otherwise leave my employment. I further acknowledge that I may not employ anyone who cannot hold a valid license issued by the Delaware Thoroughbred Racing Commission (D.T.R.C.) while I am stabled or shipping to the grounds. I will not list names of any persons on the badge list that do not actually work for me. Should I violate any of the aforementioned conditions, I will face disciplinary action.

Listed below are the names of all personnel employed by me who are entitled to a D.T.R.C. license, allowing them conditional access to the stable area and the privileges of the grounds as granted by D.T.R.C. and Delaware Park Racing Association. **Persons employed and on your badge list are covered under your worker's compensation policy and you are responsible for any workplace injury. So update your badge list as needed.**

I designate _____to act on my behalf in placing personnel on my badge list.

Name and phone number

PLEASE PRINT ALL INFORMATION LEGIBLY **Signature of Trainer_____**

BADGE #	NAME	OCCUPATION	BUNKHOUSE	IN	OUT