



Delaware Thoroughbred Racing Commission

777 Delaware Park Blvd, Wilmington DE 19804
(302) 994-2521 ext. 7138, 7258 | Fax (302) 993-8949

DDA.DTRC.License@delaware.gov

LICENSE APPLICATION

License #

HISA #

OFFICE USE ONLY					
PROCESSED BY	DATE PROCESSED	LICENSEE FEES	F/P FEE	TOTAL FEE	CHECK #
ARCI	DP EMPLOYEE	FBI F/P DATE	FBI F/P STATE		M/C VISA MO CASH
Investigator	Reviewed Date	Interviewed Date	Arrests & Convictions	Conditional License	
			YES NO	YES	NO

1. License Type.	First-Time License	Renewal	Circle or Click On Choices
\$5 FEE	\$30 FEE	FARRIER	Term of license applies only to Jockey, Owner, Trainer, Partnership or Stable Name
GROOM	APPRENTICE JOCKEY	JOCKEY	
HOTWALKER	ASSISTANT TRAINER	JOCKEY AGENT	
OTHER	EQUINE DENTIST	VETERINARIAN	
\$15 FEE	EXERCISE RIDER	VETERINARIAN ASSISTANT	1 YEAR
VENDOR	DELAWARE PARK EMPLOYEE, DTRC or OTHER		2 YEAR
VENDOR EMPLOYEE			3 YEAR
PONY PERSON			

2. APPLICANT. MUST COMPLETE THIS ENTIRE SECTION (Promptly Notify the Commission of Any Change to the Information Provided)

First Name Middle Name Last-Surname Nickname Spouse Full Name

Local Address (Street, City, State, Zip)

Gender	Height	Weight	Hair color	Eye color	Citizen of	VISA 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**

ALL APPLICANTS ANSWER ALL THE FOLLOWING QUESTIONS **PROVIDE DETAILS TO YES ANSWERS IN SECTION 11**
FIRST-TIME APPLICANTS, answers are applicable to EVER. RENEWAL APPLICANTS, answers are applicable since your LAST DTRC application

- A. Have you or your spouse been licensed to participate in racing in another state? YES NO
- B. Have you ever held the LICENSE TYPE you are applying for? YES NO
- If YES, List most current licenses (STATE - YEAR - TYPE)
- C. Have you or your spouse been suspended or fined over \$250? YES NO
- D. Have you or your spouse's license been denied suspended or revoked? YES NO
- E. Is there presently a complaint or ruling pending against you or your spouse in any jurisdiction? YES NO
- F. Have your FBI fingerprints been submitted by another racing jurisdiction? YEAR STATE YES NO
- G. Have you, or your spouse, been ARRESTED? (including DUI/DWI) YES NO
- H. Have you, or your spouse, been CONVICTED? (including DUI/DWI) YES NO
- I. Are you or your spouse currently on parole or probation for any crime? YES NO
- J. Are you current in HISA Required Annual Continuing Education? YES NO

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

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3. EMPLOYERS (Trainers, etc.) and EMPLOYEES (Grooms, Hot Walkers, Exercise Riders, etc.)				
Employers Must Provide A Current Copy of Workmen's Compensation 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 YES NO	Bunk House / Room

4. VETERINARIANS	
State of Delaware Board Number	Expiration

5. JOCKEY AGENTS
List Jockey(s)

6. VENDORS			
	Previously licensed at Delaware Park as a Vendor		YES NO
Company Name	Type of Business	Business License #	# of Employees

7. JOCKEYS and APPRENTICE JOCKEYS			
Jockey Agent	Current Physical Date	Physical provided by (location or doctor)	Safety Rules Signed YES NO
CONSENT TO TREATMENT, DISCLOSURE OF PERSONAL HEALTH INFORMATION, RDING CROP RULES, AND SAFETY EQUIPEMENT			
I have signed the Consent To Treatment, Disclosure of Personal Health Information, and Safety Rules Forms. Initial _____ I have a current year physical and concussion base line test.			

8. TRAINERS	
Initial _____	No Trainer may take or keep in his charge a horse owned wholly or in part, or controlled by, a person who is not licensed as a DTRC Owner. Trainer shall register with the DTRC all persons in his/her employment and insure that they apply for DTRC licenses within 24 hours after arrived on Delaware Park grounds or are employed.

9. OWNERS			
Official Race Program Owner / Stable Name		Trainer Name(s)	
Horse Name	Own or Lease	% Own	Name/Address of Lessor if Leased

Initial _____	As a licensed Owner, I give my consent and authorize my veterinarian and/or trainer to provide the medical records of any horse I own that is claimed, sold or otherwise transferred to the new owner or their designee with seven (7) days of the ownership change of the horse.
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10. PARTNERSHIP

A Copy of the Corporation, LLC or LLP Certificate Must Accompany the Owner Application

Official Race Program Partnership Name

Unless the following blanks are filled in completely, it will be presumed that all partners/officers/shareholders/members are entitled to enter, declare, claim, charge or withdraw funds without limitations, in the name of the entity. No restriction or limitation on any partner/officer/shareholder/member's power or authority will be effective unless the following blanks are completed and a copy of the partnership agreement/articles of incorporation/members agreement is attached to the application.

Entity Name	For this partnership/corporation/limited liability company, please list the person with whom:		
	Powers of Entry, Declarations, Nominations or Forfeits	Powers of Claiming and Fund Withdraws	

ANY PARTNER OWNING 5% OR MORE MUST SECURE AN OWNER LICENSE

Partner 1	Percentage	Partner 2	Percentage
Partner 3	Percentage	Partner 4	Percentage
Partner 5	Percentage	Partner 6	Percentage
Partner 7	Percentage	Partner 8	Percentage

Managing Partner Print	Managing Partner Signature	Date	Partnership Type
List Partnership Type - Partnership, Corporation, LLC or LLP			

11. ADDITIONAL INFORMATION ADDENDUM

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11. ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT

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.

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.

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.

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.

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.

APPLICANT Signature / Date

STEWARD Signature / Date

www.agriculture.delaware.gov/thoroughbred-racing-commission