

**APPLICATION FOR RENEWAL OR REPLACEMENT LICENSE**

Please Print in Ink or Type

No:  
DATE:  
ISSUED AT:

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
(Business Address is Public) No. or Box Street City State Zip

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Name of Spouse (Husband/Wife/  
State-Registered Domestic Partner)

\_\_\_\_\_  
CHRB Lic. No. Number Exp. Yr.

TB  QH  HH  Arabian  Mule

\_\_\_\_\_  
Type of license applied for

**LICENSE FEE**

- \$250**  
Open Claim Cert./License.
- \$200**  
Off., Dir., Partner, 5% Stock Holder of Rac. Assn., Simulcast Srv. Supplier, Totalizator Company
- \$150**  
Horse Owner, Trainer, Asst. Trainer, Jocke App. Jockey, Driver, Jockey Agt. Bldstk Agt Veterinarian, Official, Manager, Racing Officials, Steward.
- \$75**  
PM Employees, Valet, Asst. to Official, Ass Gen. Mgr. Pony Rider, Vendor, Vendor Err Exercise Rider, Horse shoer, Stable Agt., Foreman, Clerical, Security, Misc. Classes.
- \$20**  
Groom, Stbl. Emp., Stbl. Asst.
- \$15**  
Duplicate - Replacement License

**INFORMATION PROVIDED ABOVE IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT (Government Code Section 6250 et seq.)**

1. Have you been convicted of ANY criminal offense within the past 36 months? ..... YES  NO   
Include offenses to which you pled nolo contendere or which were dismissed per Sec. 1203.4 P.C. Exclude offenses in settled Juvenile Court or under the Youth Offenders Law, sealed per Sec. 781 W.I.C., specified in Sec. 11361.5 H&S, or traffic offenses where the fine was \$300 or less.

2. Are you presently licensed to participate in racing by any other Racing Commission? ..... YES  NO   
If so, give State(s): \_\_\_\_\_

3. Has any of your license(s) to participate in racing EVER been revoked or suspended for more than 10 days? ..... YES  NO

4. Are you presently employed by a Racing Association or Trainer? ..... YES  NO   
If so, give name: \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

I hereby make application for license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I certify under penalty of perjury that the statements and answers I have made in the application are true and correct.

EXIST F/P CODE \_\_\_\_\_  
EXIST SPECIAL CODE \_\_\_\_\_  
REVIEWED BY \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

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**INFORMATION LISTED BELOW WILL BE KEPT CONFIDENTIAL**

\_\_\_\_\_  
Mailing Address City State Zip

Phone: \_\_\_\_\_ Soc. Sec. (or FIN): \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

The Social Security Number will be used to identify personal records which may be required during the background investigation. (Authority: Business and Professions Code Section 19440, Public Law 93-579, Section 7.)