804) 663-7701
Email application to:
VRCLicense@vrc.virginia.gov

Virginia Racing Commission
10700 Horsemens Road
New Kent, Virginia 23124
Phone: (804) 966-7404
www.vrc.virginia.gov

Authorized Agent Form

Date:_____

I have this day appointed_____ whose address is_____ as an agent to act for me for the year 20____, for matters pertaining to the racing of horses, as described below, at race meetings licensed by the Virginia Racing Commission.

Owner:_____

Address:_____

City, State, Zip: _____

Owner's Signature: _____

Authorized Agent May:

☐ Claim Horses in my (our) name
☐ Buy, Sell or Transfer Horses without my written consent
☐ Receive and endorse checks made payable to me (us)
☐ Direct the transfer of money to my (our) account
☐ Have checks payable to himself/herself from my (our) account

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Notary Acknowledgment (Individual Acknowledgment)

State of _____ County of _____.
This document was acknowledged before me on this ____ day of _____, 20____, by _____.

Signature of Notary Public: _____
Printed Name of Notary:_____
Notary Registration Number: _____
My Commission Expires: _____