

Virginia Racing Commission (VRC)
10700 Horsemens Road
New Kent, VA 23124
www.vrc.virginia.gov



(804) 663-7701

Email application to:
VRCLicense@vrc.virginia.gov

RACE TYPE: ☐ Harness ☐ Thoroughbred ☐ Steeplechase

LICENSE TYPE: ☐ Owner ☐ Trainer ☐ Jockey ☐ Driver ☐ Rider ☐ Stable/LLC/Estate ☐ Exercise Rider ☐ Assistant Trainer ☐ Groom
☐ Pony Person ☐ Veterinarian ☐ Veterinarian Tech ☐ Other _____

APPLICANT'S NAME _____
Last First Middle (Jr, Sr., etc.)

Other Names (maiden/other) _____

DATE OF BIRTH _____ **AGE** _____ **PLACE OF BIRTH (State or Country)** _____

Are you a Citizen or a Naturalized Citizen of the United States? ☐ Yes ☐ No If no, what country? _____ Immigration # _____

RACE _____ **SEX** _____ **EYE COLOR** _____ **HAIR COLOR** _____ **HEIGHT** _____ **WEIGHT** _____

PERMANENT MAILING ADDRESS: It is the sole responsibility of the licensee to notify the Racing Commission of a change in mailing address.

Street or P.O. Box Apt/Suite

City State/Province Postal Zip/Country

PHONE NUMBER _____ **E-Mail** _____

Intentionally or recklessly providing false information concerning criminal history background will result in an invalid license. Any Outstanding Warrants found during the background investigation will result in an invalid license. Fingerprints are sent to the State Police and FBI as part of our background investigation.

1. In the past five years, have you plead guilty or no contest, been found guilty, convicted, or fined for three or more misdemeanors, including driving under the influence or reckless driving? ☐ Yes ☐ No
2. In the past five years, have you plead guilty or no contest, been found guilty, convicted, or fined for any felony? ☐ Yes ☐ No
3. Have you ever plead guilty or no contest, been found guilty, convicted, or fined for any of the following felonies? ☐ Yes ☐ No
 - Violent offenses including but not limited to murder, rape, forcible sodomy, crimes against nature, or assault/maiming; or
 - Burglary offenses; or
 - Arson offenses.
4. Are any criminal charges or complaints pending against you, including driving under the influence or reckless driving? ☐ Yes ☐ No
5. Have you been suspended, denied, or had your license revoked in any jurisdiction, currently or in the past five years? ☐ Yes ☐ No

IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 1, 2, or 3, YOU ARE NOT ELIGIBLE FOR A LICENSE WITH THE VIRGINIA RACING COMMISSION.

IF YOU ANSWERED "YES" TO QUESTIONS #4 OR #5 – PROVIDE AN EXPLANATION; ATTACH ADDITIONAL PAGES IF NECESSARY.

Charges/Rulings (s):

Date:

Agency:

Severity:

It is the sole responsibility of the licensee to report within ten days to the Virginia Racing Commission of any arrest, charge, or conviction while holding a permit.

OWNERS – PLEASE PROVIDE THE FOLLOWING INFORMATION

How is ownership listed on the official race program? _____

Who is your Virginia licensed trainer? _____

Do you intend to register an authorized agent? ☐ Yes ☐ No If yes, name _____

Do you race under a stable/LLC/Estate name or any other names? ☐ Yes (choose "License Type" "Stable/LLC/Estate" on page 1) ☐ No

If yes, what name? _____

List the names of partners with an interest of five percent (5%) or more of the **Stable/LLC/Estate** name:

	% Owned		% Owned

List the names of horses that you plan to race (attach additional pages if necessary):

Name of Horse(s)	% Owned	Name(s) of Other Owner(s) or Anyone with an Interest in the Named Horse	% Owned

TRAINERS – PLEASE PROVIDE THE FOLLOWING INFORMATION

List the names of owners you are training for in Virginia (attach additional pages if necessary):

Name of Owner (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)

List the names of Assistant Trainer, grooms, or pony persons working for you in Virginia (attach additional pages if necessary):

Name (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)

OWNERS/TRAINERS/JOCKEYS/DRIVERS – PLEASE PROVIDE THE APPLICABLE INFORMATION

HISA # _____ or USTA # _____

ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

I am knowledgeable about the regulations of the Virginia Racing Commission, and I agree to abide by the regulations of the Commission as well as the rulings of the stewards unless reversed or modified by the Commission. By submitting this application, I irrevocably consent to a search and seizure of any drugs, stimulants, narcotics, hypodermic syringes, or other similar devices, and any batteries, which could be used to affect the speed or action of any horses. I also hereby irrevocably consent to the right of Commission personnel to enter buildings, stables, rooms, autos, or other places within the enclosure, as defined by the regulations of the Commission, to examine them, and to inspect and examine my personal property and effects. I recognize that by refusing the consent to such searches and seizures that I am subject to disciplinary action. I hereby certify that I have read this application and affirm that every statement here is true and correct to the best of my knowledge and belief. I do hereby agree that my permit will be considered invalid at any time for misstatements or omissions in this application. I hereby agree to be subject to the subpoena powers of the Virginia Racing Commission, or a written request issued in lieu of a subpoena, and provide the Commission with any and all information or documentation which it may request. This agreement shall extend to anything which relates to any matter which is the subject of a Commission hearing or investigation.

UNDER 18 YEARS OF AGE (if applicable)

By signing, I give my permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure.

Signature of parent / legal guardian: _____ Relation: _____

GROOMS/ASSISTANT TRAINERS/PONY PERSON (If you are not on the Trainer's list, the Trainer must sign your application)

Trainer Name (Print) _____ Trainer Signature _____

Signature of Applicant _____ Date _____

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FOR RACING COMMISSION USE ONLY:

Application Reviewed (initial) _____ Interviewed – if needed (initial/date) _____ ☐ Approved ☐ Denied

Processed by (initial) _____ Fee _____ Date _____

Fingerprints Needed ☐ Yes ☐ No Live Scan ☐ Fieldprint ☐

☐ Cash ☐ Check # _____ ☐ Credit Card (last four #) _____ ☐ Billing _____