

Email to: VRCLicense@vrc.virginia.gov or
Mail to: Virginia Racing Commission
10700 Horsemens Road
New Kent, VA 23124

VIRGINIA RACING COMMISSION
APPLICATION FOR PERMIT
(Pursuant to Va. Code § 59.1-389 and 11VAC10-60)

Type or print all answers clearly in the spaces provided. You must submit (1) a valid photo identification for identify verification and (2) a recent photo in JPEG format for your permit.

Initial Application

Renewal Application

Applicant's Legal Name: _____
Last Name First Name Middle Name Jr., Sr. etc. Nickname/Maiden Name

Permanent Mailing Address: _____
(for service of process) Street Address City State Zip Code

Mailing Address: _____
(if different from above) Street Address City State Zip Code

Cell Phone Number: _____ **Email:** _____ **Social Security # /FEIN (last 4 digits):** _____

Place of Birth: _____ (state/country) **Date of Birth:** _____ **Age:** _____ **Race:** _____

Gender: M F **Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Citizenship: U.S. Non-U.S. (Country: _____) **Immigration ID # and Expiration Date:** _____

If Applicant is married, please furnish the full name and date of birth of your spouse:

Last Name First Name Middle Name Jr., Sr. etc. Month/Day/Year

I received assistance reading and/or completing this application. Yes No If yes, please identify: _____

HORSEMEN PARTICIPANTS PROCEED TO PAGE TWO (2).

LICENSEE/VENDOR/COMMISSION EMPLOYEES AND STAFF (check all that apply):

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Buckets OTB | <input type="checkbox"/> Colonial Downs Employee | <input type="checkbox"/> Rosie's – Collinsville | <input type="checkbox"/> Rosie's – Emporia | <input type="checkbox"/> Rosie's – Hampton |
| <input type="checkbox"/> Rosie's – New Kent | <input type="checkbox"/> Rosie's – Richmond | <input type="checkbox"/> Rosie's – Vinton | <input type="checkbox"/> The Rose | <input type="checkbox"/> Roseshire |
| <input type="checkbox"/> Shenandoah Employee | <input type="checkbox"/> VEA Employee | <input type="checkbox"/> VA Gold Cup Employee | <input type="checkbox"/> Vendor _____ | <input type="checkbox"/> VRC |

LICENSEE/VENDOR/COMMISSION EMPLOYEES AND STAFF Occupation/Role (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> HHR Accounting/Cage | <input type="checkbox"/> Gate Crew | <input type="checkbox"/> Accounting/Wagering Auditor | <input type="checkbox"/> Stewards (VRC) |
| <input type="checkbox"/> HHR Administrative/Office | <input type="checkbox"/> Mutuel Clerk/Teller | <input type="checkbox"/> Administrative/Office Staff | <input type="checkbox"/> Veterinarian (VRC) |
| <input type="checkbox"/> HHR Compliance/Surveillance | <input type="checkbox"/> Outrider | <input type="checkbox"/> Cashier/Ticket Seller | <input type="checkbox"/> Veterinarian Tech (VRC) |
| <input type="checkbox"/> HHR Gaming Attendant | <input type="checkbox"/> Paddock Blacksmith | <input type="checkbox"/> Food and Beverage Service | <input type="checkbox"/> Commission Staff |
| <input type="checkbox"/> HHR Security | <input type="checkbox"/> Racing Office | <input type="checkbox"/> Janitorial/Sanitation | <input type="checkbox"/> Commissioner |
| <input type="checkbox"/> HHR Technician/Maintenance | <input type="checkbox"/> Stable Area/Gate Security | <input type="checkbox"/> Pari-Mutuel Manager | <input type="checkbox"/> Executive Secretary |
| <input type="checkbox"/> HHR Food & Beverage Service | <input type="checkbox"/> Track Maintenance/Equipment | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> HHR Housekeeping | <input type="checkbox"/> Valet | | |

EMPLOYER VERIFICATION FOR LICENSEE AND VENDOR EMPLOYEES:

I confirm that the applicant identified below has applied for employment with this organization and is under consideration for a position that requires a Virginia Racing Commission permit.

HR/Supervisor's Signature: _____ Printed Name: _____

Company: _____ Title: _____ Date: _____

OWNERS – PLEASE PROVIDE THE FOLLOWING INFORMATION (11VAC10-60-40)

Name of trainer holding a Virginia Racing Commission permit for this entry? _____

Do you currently lease any racehorse? Yes No (if yes, a copy of the lease agreement must be on file with the stewards at the time of application)

How is the ownership listed in the official race program? _____

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

Name of person authorized to act on behalf of the entity in all racing matters: _____

Do you race under a stable name, LLC, estate, or any other name? Yes No If yes, name: _____

List the names of **ALL HORSES** you intend to race in Virginia and identify all owners, members, partners, beneficiaries, or other persons holding a five percent (5%) or greater ownership interest in the horse, stable, LLC, or estate. (All persons holding a five percent (5%) or greater ownership in a racehorse must apply for a permit).

Name of Horse(s)	Name(s) of owners, partners, etc. (LAST NAME, FIRST NAME, MI)	% Owned

COLORS REGISTRATION (11VAC10-60-40(J))

Jacket Color _____ Additional Jacket Color _____

Sleeves Color _____ Collar Color _____ Cap Color _____

TRAINERS – PLEASE PROVIDE THE FOLLOWING INFORMATION

List the names of owners you are training for and their horse(s) you are training (attach additional pages if necessary):

Name(s) of Owner (LAST NAME, FIRST NAME, MI)	City, State, Zip Code, Country	HORSE TRAINING

List the names of grooms working for you in Virginia (attach additional pages if necessary): *Trainers shall register with the VRC all persons in his/her employment and ensure that they apply for VRC permits within 24 hours after arriving at the racetrack or are employed.

Name(s) of Groom (LAST NAME, FIRST NAME, MI)	City, State, Zip Code, Country

USTA # _____

HISA # _____

UNDER 18 YEARS OF AGE (if applicable)

By signing, I give my permission for the issuance of a permit to this minor and assume full responsibility, including financial responsibility, for such permit.

Signature of parent/legal guardian: _____ Relation: _____

CONSENTS AND ACKNOWLEDGMENTS

By signing this application, I hereby:

1. Acknowledge that I understand the information requested in this application. If assistance was provided in reading or completing the application, I certify that the contents were fully explained to me and that the information provided is true, complete, and accurate.
2. Understand that this permit is **conditional** upon completion of a background investigation and compliance with all applicable regulations (11VAC10-60-10(A)-(E)).
3. Consent to fingerprinting, background investigation, and verification of my criminal history as required by the Commission pursuant to *Va. Code* § 59.1-389 and 11VAC10-60-10(D) and (E).
4. Agree that my permit will be considered invalid at any time due to misstatements or omissions in this application pursuant to *Va. Code* § 59.1-389.
5. Acknowledge that I am subject to the jurisdiction and authority of the Virginia Racing Commission and its stewards for the duration of my permit pursuant to *Va. Code* § 59.1-387.
6. Understand that this permit, if issued, is not transferable and is valid for one year or until termination of employment with the licensee or permit holder pursuant to *Va. Code* § 59.1-389(A) and 11VAC10-60-10(A).
7. Consent to personal inspections (searches) of my person, inspections (searches) of my personal property, and inspections (searches) of the premises and property located within the enclosure of the racetrack, including the seizure of any prohibited items, as authorized by 11VAC10-60-10(R).
8. Consent to Commission personnel entering buildings, stables, rooms, private vehicles, trailers, or other places within the enclosure to examine them, and to inspect and examine my personal property and effects, as authorized by 11VAC10-60-10(R)(2).
9. Acknowledge that Commission personnel may visit, investigate, and have free access to the office, track, facilities, or other places of business of any licensee or permit holder and may compel the production of books, documents, records, or memoranda pursuant to 11VAC10-60-10(R)(3).
10. Acknowledge that I may be required to undergo drug or alcohol testing in accordance with 11VAC10-60-10(U) and (V).
11. Understand that failure to report observed violations of Commission regulations or state or federal laws during a race meeting; disorderly conduct; use of another person's permit; or refusal to comply with Commission rules, inspections, searches, or seizures may result in disciplinary action, including suspension or revocation, and may lead to denial of entry to restricted areas under the jurisdiction of the Virginia Racing Commission (*see* 11VAC10-60-10).
12. Acknowledge that the Commission shall deny my application and refuse to issue a permit if it finds that the issuance would not be in the interests of the people of the Commonwealth, the horse racing industry of the Commonwealth, or the honesty and integrity of horse racing in the Commonwealth, or if I am unqualified to perform the duties required for the permit sought pursuant to *Va. Code* § 59.1-389(B).
13. Understand that the Commission may refuse to issue a permit if it determines that issuance is not consistent with the provisions of *Va. Code* § 59.1-389 or the Commission's responsibilities thereunder (*Va. Code* § 59.1-389(D)).
14. Affirm that I am familiar with and knowledgeable of Commission regulations as required by 11VAC10-60-10(J).
15. Agree to notify the Commission in writing within thirty (30) days of any change of address as required by 11VAC10-60-10(X).
16. Agree to promptly inform the Virginia Racing Commission of all changes or updates to the information provided in this application, including any criminal charges occurring after the date of submission.
17. Affirm that I will not engage in disorderly conduct, which shall include using profane, abusive, or insulting language, or assaulting or threatening to assault participants, racing officials, Commission employees, or members of the public, pursuant to 11VAC10-60-10(Y).

SIGNATURE AND VERIFICATION

I, the undersigned applicant, swear or affirm that I am the person named herein and that the information provided is true and complete.

Applicant Signature: _____ **Date:** _____

COMMISSION USE ONLY

Application Received Date: _____ **Fee Received Date:** _____ **Billing:** _____

Fingerprints: Yes No Live Scan FPCM Age Exempt **Photo taken/received:** Yes No

Initial Application Renewal Reciprocity

Reviewed By: _____ **Date Reviewed:** _____

Comments: _____