



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

LICENSE #

Steward

RENEWAL LICENSE APPLICATION

OFFICE USE ONLY					
PROCESSED BY	DATE PROCESSED	LICENSEE FEES	F/P FEE	TOTAL FEE	CHECK # _____ <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> MO <input type="checkbox"/> CASH
ARCI	DP EMPLOYEE	FBI F/P DATE	FBI F/P STATE		
\$5 FEE		\$30 FEE		\$50 / YEAR	Term of license applies only to Jockey, Owner, Trainer, Partnership or Stable Name <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year
GROOM	APPRENTICE JOCKEY	FARRIER	OWNER	TRAINER	
HOT WALKER	ASST. TRAINER	JOCKEY AGENT	\$25 / YEAR		
STABLE EMPLOYEE	EQUINE DENTIST	VETERINARIAN	\$100 / YEAR		
\$15 FEE		DELAWARE PARK EMPLOYEE		\$30 / YEAR	OWNER/TRAINER
VENDOR	POSITION: _____		STABLE NAME	DTRC	
VENDOR EMPLOYEE			JOCKEY		
PONY PERSON					
Investigator	Reviewed (initial/date)	Interviewed (initial/date)	States all arrests & convictions listed	YES NO	Conditional License <input type="checkbox"/> YES <input type="checkbox"/> NO

1. APPLICANT. MUST COMPLETE THIS ENTIRE SECTION

You Must Promptly Notify the Commission of Any Change to the Information Provided

First Name	Middle Name	Last Name	Nickname	Spouse Full Name
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Local Address (Street, City, State, Zip)	Permanent Address (if different from Local)
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Gender	Height	Weight	Hair color	Eye color	Citizen of	<input type="checkbox"/> VISA <input type="checkbox"/> 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
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PROVIDE DETAILS TO QUESTIONS BELOW WHEN ANSWERING YES (USE ADDITIONAL INFORMATION ADDENDUM IF NEEDED)

A. Have you or your spouse EVER been licensed to participate in racing in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you or your spouse been suspended or fined over \$250 since filing your last application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you or your spouse's license been denied suspended or revoked since filing your last DTRC application??	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Is there presently a complaint or ruling pending against you or your spouse in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Have you or your spouse had your fingerprints submitted to the FBI? _____ Year _____ State	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Have you, or your spouse, been ARRESTED since filing last application? (including DUI/DWI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. Have you, or your spouse, been CONVICTED since filing last application? (including DUI/DWI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. Are you or your spouse currently on parole or probation for any crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Question	Date	State	Offense	Sentence/Disposition/Fine/or Outcome

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

2. EMPLOYERS AND EMPLOYEES				
A Current Copy of Your Workmen's Compensation Must be Provided 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	Bunk House / Room

3. VETERINARIANS		4. JOCKEY AGENTS	
State of Delaware Board Number	Expiration	List Jockey(s)	

5. VENDORS			
Company Name	Type of Business	Business License #	# of Employees

6. JOCKEYS and APPRENTICE JOCKEYS			
Jockey Agent	Current Physical Date	Physical provided by (location or doctor)	Safety Rules Signed <input type="checkbox"/> YES <input type="checkbox"/> NO

CONSENT TO TREATMENT and HIPAA AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

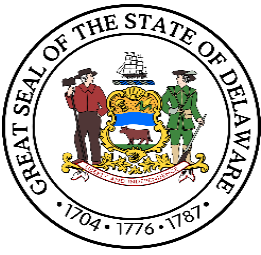
I consent to the athletic training and rehabilitation services and related services by Premier Physical Therapy and Sports Performance, Limited Partnership ("Premier"). In doing so, I understand, and acknowledge and affirm that such athletic training and rehabilitation services may involve bodily contact, touch and/or direct contact of a sensitive nature.

I authorize Premier to disclose my Protected Health Information ("PHI"), as that term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to individuals or entities who may be in a position to evaluate my performance related to jockey riding activities at Delaware Park. I understand that I may revoke this authorization at any time by giving written notice to Premier, except to the extent that Premier and its agents, employees, and representatives may have taken action in reliance on this authorization.

This authorization is effective on the date stated below for an indefinite period of time. A photocopy of this authorization form is valid and should be given the same force and effect as the original.

Print Jockey Name	Jockey Signature	Date Signed
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7. ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
APPLICANT Signature / Date	STEWARDS Signature / Date



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OWNER, STABLE & PARTNERSHIP ADDENDUM

Email, Fax or Mail Owner or Trainer Applications, Payments and Addendums to Information Provided Above
 Used Additional Sheet if Needed

OWNER			
Official Race Program Ownership / Stable Name	Trainer name(s)	Date	
List horses owned or leased by you, wholly or in part. A copy of lease agreement(s) must be attached to application.			
Horse Name	Own or Lease	% Own	Name/Address of lessor if appropriate

PARTNERSHIP			
A Copy of the Corporation, LLC or LLP Certificate Must Accompany the Owner Application			
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 Claiming and Fund Withdraws	Powers of Entry, Declarations, Nominations or Forfeits	
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			
Any change in the structure of the partnership, corporation or parnters must be reported before such change becomes effective			