



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF NEW JERSEY RACING COMMISSION
PO Box 088
TRENTON, NJ 08625-0088

March 11, 2002

What must be completed on Application

License Application Form III

An Authorized Agent license application is a license application that must be filled out and signed by at least 2 individuals.

Front Page

The front page is filled out by the owner or owners representing an entity authorizing an individual to claim and enter on their behalf, access th horsemens account or both. In the event an individual is given access to the horsemen's account, claim and entry rights are also implied.

All the information **MUST** be filled out on the front page and the signature of the person/s must be notarized.

Back Page

The back page **MUST** be completed in its entirety by the person being given the authorization to act in the individual or entities behalf

*******All Applications must be SIGNED*******



N.J.R.C. USE ONLY

LIC. NO. _____
YR LOC NUMBER

RCPT. NO. _____
YR LOC NUMBER

RCPT. DATE _____ OPER. _____

ID NO. _____

**LICENSE FORM III
 NEW JERSEY RACING COMMISSION
 P.O. BOX 088
 TRENTON, N.J. 08625-0088
 609 984-1554**

N.J.R.C. USE ONLY

LOC. _____ OPER. _____

DATE _____

RCPT NO. _____

CASH \$ _____

CHECK _____ \$ _____

MO _____ \$ _____

FPS _____ FPF _____

() ORIGINAL () RENEWAL
 () HARNESS () THOROUGHBRED

Application for a License as: 20. () AUTHORIZED AGENT \$50 () Claiming & Entry () Access to Horseman's Acct.

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

In making this application for license or to otherwise participate in racing in the State of New Jersey, 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, and mode of living, 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.

Fair Credit Reporting Act

Public Law No. 91-508

APPLICATION MUST BE TYPED OR PRINTED IN INK! ALL QUESTIONS MUST BE ANSWERED.

(CLAIMING & ENTRY AUTHORIZATION)

I have this day appointed _____, whose address is _____
(Applicant's name)

_____, as my agent, to act for me (us) for the year _____, in
(city) (State) (Zip)

all matters pertaining to the racing of horses, other than collection of purses and monies due me (us), under the Rules of Racing as adopted by the New Jersey Racing Commission.

Signed _____ % OWNED _____ State of _____ County of _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

ss

Permanent / Business Address _____
(Street) (City) (State) (Zip)

BE IT KNOWN, That on the _____ day of _____ A.D., _____, before the subscriber, a Notary Public of _____
(City) (State) (Zip)

_____ personally appeared _____ who is (are),
 I am satisfied, the person(s) who signed the above application, and he/she/they did acknowledge that he/she/they signed the same as his/her/their voluntary act and deed for the uses and purposes therein expressed.

 Notary Public of _____

(AUTHORIZATION TO ACCESS HORSEMAN'S ACCOUNT)

I further authorize _____, whose address is _____
(city) (State) (Zip)

_____, to collect all purses and other money due me(us) from the Associations racing under jurisdiction of the New Jersey Racing Commission for the year _____, with authority to endorse such checks payable to me (us).

Signed _____ % OWNED _____ State of _____ County of _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

Signed _____ % OWNED _____
 SSN/CSSN/TIN _____

ss

Permanent / Business Address _____
(Street) (City) (State) (Zip)

BE IT KNOWN, That on the _____ day of _____ A.D., _____, before the subscriber, a Notary Public of _____
(City) (State) (Zip)

_____ personally appeared _____ who is (are),
 I am satisfied, the person(s) who signed the above application, and he/she/they did acknowledge that he/she/they signed the same as his/her/their voluntary act and deed for the uses and purposes therein expressed.

 Notary Public of _____

Horses are to be run in the name of: _____

License Number(s) _____

PLEASE NOTE: The above signatures must represent at least 50% ownership for the Authorized Agent to be valid.

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE AS AUTHORIZED AGENT FOR THE YEAR _____, IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE NEW JERSEY RACING COMMISSION.

APPLICATION MUST BE TYPED OR PRINTED IN INK! All Questions Must Be Answered

SSN/TIN/CSSN _____ * NICKNAME: _____
(Social Security Number, Tax ID, Canadian)

Full Name _____
(Last) (First) (Middle) (Sr., Jr, etc) (Maiden name)

Permanent Address _____
(Street)

(City) (State) (Zip) Birthdate ____/____/____
Mo. Day Yr.

Home Tel. No. () _____ Height _____ Weight _____

Place of birth _____ Eyes _____ Hair _____
(City) (State)

Present Address _____ Sex: M / F Comp. _____
(Street)

(City) (State) (Zip)

Citizen of United States? () Yes () No Citizen of _____ Immigration I.D. No. _____
(City) (State) (Zip)

Scars, marks, glasses, etc. _____

- 1. In what state and year were you first granted a license? state _____ year _____
() yes () no
- 2. Have you been licensed previously in New Jersey? year _____
() yes () no
- 3. Are you licensed in another state? Where? state _____, _____, _____, _____, _____,
() yes () no
- 4. Have you ever been denied a license? Where & When? state _____ year _____
state _____ year _____, state _____ year _____, state _____ year _____
() yes () no
- 5. Have you ever been ruled off, suspended or otherwise debarred by any recognized turf authority in the U.S. or elsewhere?
If so give particulars. (Use additional page if necessary) _____
() yes () no
- 6. Have you ever owned or operated a handbook or a bookmaking establishment or been connected with bookmakers? If
so give particulars. (use additional page, if necessary) _____
() yes () no
- 7. Has an indictment or information been returned, or complaint made against you by the U.S. or any state, charging sale, use
or possession of narcotics? If so give particulars. _____
() yes () no
- 8. Have you ever been arrested or has a summons pertaining to a criminal complaint ever been filed against you?
() yes () no
- 9. Have you ever been convicted of a crime?
() yes () no

If you answered yes to questions #8 and/or #9 please give the following information for each arrest:

DATE	JURISDICTION	CHARGE	DISPOSITION

FOR EACH CONVICTION DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT, INCLUDING INDICTMENT AND/OR CERTIFIED COPY OF THE DISPOSITION MUST BE ATTACHED TO THE APPLICATION. IF PAPERS ARE NOT ATTACHED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

ALL APPLICANTS MUST SIGN THIS SECTION

ANY PERSON MAKING A FALSE, MISLEADING OR INCOMPLETE STATEMENT ON AN APPLICATION FOR LICENSE OR REGISTRATION OR IN A WRITTEN OR ORAL EXAMINATION IN CONNECTION WITH SUCH AN APPLICATION MAY BE DISCIPLINED AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE NEW JERSEY RACING COMMISSION.

I hereby certify that I am not under suspension or in bad standing with any recognized turf body and that I have read the foregoing application and know the contents thereof, and that every statement contained herein is true and correctly set forth.

Steward's Recommendation:

(Signature of Applicant)

(Date)

THE ISSUANCE OF A LICENSE BY THE NEW JERSEY RACING COMMISSION DOES NOT NECESSARILY ENTITLE THE HOLDER TO ANY RIGHTS OR PRIVILEGES AT THE PREMISES OF ANY LICENSED TRACK.