

RACE TYPE		ILLINOIS RACING BOARD Suite 5-700 James R. Thompson Center Chicago, Illinois 60601 (The application fee is NOT refundable)	DRIVERS LICENSE	
STANDARD BRED:			LIC #.	
QUARTER HORSE:			STATE	
THOROUGHBRED:			VEHICLE INFORMATION MAKE:	
LICENSE TYPE			PLATE #:	
NEW APPLICANT		LICENSE APPLICATION FORM for 2018		Fingerprints Required
RENEWAL				

Illinois Racing Board
100 W. Randolph
Ste. 5-700
Chicago, IL 60601
312-814-2600
312-814-5062 Fax

ARLINGTON PARK
2200 W. EUCLID
ARLINGTON HTS, IL 60006
847-255-4300 x 7616
847-483-9874 FAX
ATTN: LICENSE OFFICE

FAIRMOUNT PARK
9301 COLLINSVILLE RD.
COLLINSVILLE, IL 62234
618-345-4300 x 143
618-346-5185 FAX
ATTN: LICENSE OFFICE

HAWTHORNE RACE COURSE
3501 S. LARAMIE
CICERO, IL 60804
708-780-3700 x 3741 708-780-3784 (DIRECT)
708-652-1097 FAX
ATTN: LICENSE OFFICE

LICENSE AS:		\$25 FEE EACH BOX CHECKED		MAIL FEE APPLICATION TO THE TRACK IN WHICH YOU WILL PARTICIPATE			
OWNER	ASST. TRAINER	GROOM	VETERINARIAN	VENDOR	RACING OFFICIAL		
OWNER -TRAINER	JOCKEY	EXERCISE PERSON	VETERINARIAN ASST.	VENDOR HELPER	RACETRACK EMPLOYEE		
OWNER -TRAINER-DRIVER	APPRENTICE JOCKEY	FOREMAN	BLACKSMITH FARRIER		INTERTRACK EMPLOYEE		
DRIVER	JOCKEY AGENT	HOTWALKER	APPRENTICE BLACKSMITH		TOTE EMPLOYEE		
TRAINER	AUTHORIZED AGENT	PONY PERSON					

1. LAST	M.	FIRST	MAIDEN	2. SOCIAL SECURITY NUMBER
NAME:				

3. ADDRESS (MAILING)					16. Marital Status		Married	Single
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)					17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:			
4. TELEPHONE (HOME)		(BUSINESS)			18. SPOUSE'S FULL NAME:			
		(FAX)			19. ALIEN STATUS (CHECK ONE)			USA CITIZEN
MOBILE-CELL		(E-MAIL)			USA NATURALIZED CITIZEN (ID #)			
5. DATE OF BIRTH	6. SEX	7. HEIGHT	8. WEIGHT	9. HAIR	PERMANENT RESIDENT (ID #)		EXPIRATION DATE:	
					TEMPORARY RESIDENT (PERMIT #)			
10. EYES	11. SCARS, MARKS, TATTOOS		12. PLACE OF BIRTH		20. IN CASE OF AN EMERGENCY, CONTACT:			
					NAME:		PHONE:	

13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:					21. HARNESS ONLY: U.S.T.A. ID NUMBER:				
YEAR	POSITION		EMPLOYER						
						22. VENDOR'S FEDERAL TAX NUMBER:			
						23. VETERINARIAN'S IL D.P.R. NUMBER:		EXPIRATION DATE:	
14. YOUR TRAINER'S NAME:									
15. NAME YOU WISH TO RACE UNDER:		STABLES & PARTNERSHIP UNDER WHICH YOU ARE RACING			OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED				

FOR IRB USE ONLY			LICENSE NUMBER:		LICENSE CLERK:	
ID CHECK	SO CHECK		DATE:		TRACK:	

24. HAVE YOU EVER HAD ANY LICENSE, OF ANY TYPE DENIED, SUSPENDED OR REVOKED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM ANY RACETRACK BY A RACING ASSOCIATION OFFICIAL?	YES	NO
25. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR ANY CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL?	YES	NO
26. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?	YES	NO
27. HAVE YOU EVER BEEN THE SUBJECT OF ANY RULE VIOLATION IN ANY RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR (JOCKEY'S ONLY) SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE?	YES	NO
28. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?	YES	NO
29. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME?	YES	NO

If you answered YES to any of the above statements, provide additional details:

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD. (11 ILLINOIS ADMINISTRATIVE CODE SECTION 200.40 INSPECTIONS AND SEARCHES).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND THEREBY.

IMPORTANT

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED

APPLICANT'S SIGNATURE _____ DATE _____

TRAINER'S SIGNATURE (NOT REQUIRED FOR OWNERS) _____ TRAINER'S NAME (PRINT) _____ DATE _____

STATE VETERINARIAN _____ TRACK MANAGEMENT _____ OUTRIDER _____

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE **APPROVED** **DENIED** FOR THE YEAR **2018**:

STATE STEWARD _____ STATE STEWARD _____ ASSOCIATION STEWARD _____

APPLICANT FINGERPRINT CONSENT FORM
(To be completed if fingerprints are required)

Pursuant to statute (230 ILCS 5/15, 15.1, 15.3, 15.4 and 5/24 and 20 ILCS 2630/7) the Illinois Racing Board is required to arrange for the fingerprinting of licensees. This section is to be completed by licensees seeking to have a Fee Applicant fingerprint based criminal history record check completed in accordance with Illinois statute. The Illinois Racing Board will use the applicant information contained in this Application to help confirm the identification documentation provided by the applicant before the fingerprints are taken. This section of the Application must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, the original copy is to be retained in the files of the Illinois Racing Board. One copy of this notice and consent is to be given to the applicant. The applicant is required to undergo an Illinois State Police and Federal Bureau of Investigation (national) fingerprint based criminal history record information inquiry. The results of both inquires will be forwarded to the Illinois Racing Board by the Bureau of Identification.

Applicant Consent

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act. For instructions please visit: <http://www.isp.state.il.us/crimhistory/viewingchircds.cfm>.

Applicant Name (Printed)

Applicant Signature

Date