

<b>RACE TYPE</b>		<b>ILLINOIS RACING BOARD</b> Suite 5-700 James R. Thompson Center Chicago, Illinois 60601 (The application fee is <b>NOT</b> refundable) <b>IMPORTANT NOTICE:</b> This state agency is requesting disclosure of info that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is <b>REQUIRED</b> . Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.	<b>DRIVERS LICENSE</b>	
STANDARD BRED:			LIC #.	
QUARTER HORSE:			STATE	
THOROUGHBRED:			VEHICLE INFORMATION MAKE:	
<b>LICENSE TYPE</b>			PLATE #:	
NEW APPLICANT		<b>LICENSE APPLICATION FORM for 2020</b>		<b>Fingerprints Required</b>
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  
847-255-4300x 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

<b>LICENSE AS:</b>		<b>\$25 FEE EACH BOX CHECKED</b>		<b>MAIL FEE APPLICATION TO THE TRACK IN WHICH YOU WILL PARTICIPATE</b>			
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					

<b>1. LAST</b>	<b>M.</b>	<b>FIRST</b>	<b>MAIDEN</b>	<b>2. SOCIAL SECURITY NUMBER</b>
<b>NAME:</b>				

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

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

<b>FOR IRB USE ONLY</b>		<b>LICENSE NUMBER:</b>		<b>LICENSE CLERK:</b>	
<b>ID CHECK</b>	<b>SO CHECK</b>	<b>DATE:</b>		<b>TRACK:</b>	

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:

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**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

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

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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 **2020**:

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STATE STEWARD \_\_\_\_\_ STATE STEWARD \_\_\_\_\_ ASSOCIATION STEWARD \_\_\_\_\_

## Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non- governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Consent

By signing below, I acknowledge and 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.

Applicant Name (printed):

Applicant Name (signature): Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**