	State of Montana Montana Board of Horse Racing P.O. Box 551 Corvallis, MT 59828 (406) 961-5422 www.commerce.mt.gov/horseracing	()	Groom Application - \$25 Aust be signed by the groom's licensed Traine Signature of Trainer groom is working for	21)
1	License #:		A LOW	
(Check# or Cash;			
	Incomplete or inaccurate applicatio	ons will not be proces	ssed! Please fill in all required informati	on.
1.				
	Name:	Middle	Last	
2.	Address:Street Address	City	State	Zip Code
			State	Zip Code
5.	Mailing Address:	City	State	Zip Code
4.	Social Security:	5. Teleph	one:	
6.	Date of birth:		f birth:City & State	
			City & State	
	List all suspensions, fines or rulings previously made against you:			
11.				
12.	List the name of the licensed trainer you will groom for:			
13.	Have you been previously licensed by the Montana Board of Horse Racing? Yes or No. If 'Yes', list the three (3) most recent years and license types:			
14.	Do you have or have you ever had a license from another state? Yes or No. If 'Yes', list the three (3) <u>most recent</u> years, states, and license types:			
15.	By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or with said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application. 5. Print Name: 16. Email Address:			
17	Signature		18 Data	
1/.	Signature:		18. Date:	