State of Montana

Montana Board of Horse Racing P.O. Box 551 Corvallis, MT 59828 (406) 961-5422

(Must be approved by Steward)
	Signature of Appro

Exercise Person

Occupa	tional I	Rider A	Applicati	ion			
Steward)	\$25		Outrider Pony Per			A A STATE OF	\$25 \$25
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of Annrow	I hu Ctar	ward for	Evadaiga I	Daveau	Licanca		200

17. Date: _____

nature of Approval by Steward for

www.commerce.mt.gov/horseracing	
License #:	
Check# or Cash;	

16. Signature:

	<u>Incomp</u>	<u>lete or inaccurate appli</u>	<u>cations will not l</u>	oe processed! Please fill i	n all required informatio	<u>on.</u>
1.	List license type(s)	applying for:				
2.	Name:					
					Last	
3.	Address:	ddress				
			City		State	Zip Code
4.	Mailing Address: _ (Only if different)	Street Address	City		State	Zip Code
5.			,	Telephone:		•
7.						
/٠	Date of offth.		o.	Place of birth:	City & State	
10.	Have you ever been	arrested or convicted or	f violating the law	States or elsewhere? v (except minor traffic vio	lations)?	
11.	1. Are you currently on probation or parole in Montana or anywhere? Yes or No. If 'Yes', give details:					
12.	-			Horse Racing? Yes		st the three (3)
13.	•	•		te? Yes or No.	•	3) most recent

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. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

14. Print Name:	15.	Email Address: