M P. C (4 W	State of Montana Iontana Board of Horse Racing .O. Box 551 orvallis, MT 59828 IO6) 961-5422 www.commerce.mt.gov/horseracing cense #:	Owner, Lessor or Shareholder Application - \$50 List horse names (use back if needed)			
	heck# or Cash;		a second and a second as a		
	complete/inaccurate applications will not	be processed! Fill in required in	nformation. ** MUST BE 18 YEAH	RS OR OLDER **	
1	List license type(s) applying for:				
2.	Name:	Middle	Last		
3.	Address:				
	Street Address	City	State	Zip Code	
4.	Mailing Address:	<u>a:</u>	<u> </u>	7: 0.1	
		City	State	Zip Code	
5.	Social Security:				
7.	Date of birth:	8. Place of birth	1: City & State		
11.	List all suspensions, fines or rulings previously made against you:				
13.	List the name(s) of your licensed trainer(s	s):			
	List the name(s) of your <u>licensed</u> trainer(s):				
 15. Have you been previously licensed by the Montana Board of Horse Racing? Yes or No. If 'Yes', list the 					
	most recent years and license types:				
16.	Do you have or have you ever had a licen years, states, and license types:			(3) <u>most recent</u>	
	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 tify 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 adition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by d Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.				
17.	Print Name:	rint Name: 18. Email Address:			
19.	Signature:		20. Date:		