

# State of Montana

Montana Board of Horse Racing  
P.O. Box 551  
Corvallis, MT 59828  
(406) 961-5422  
[www.commerce.mt.gov/horseracing](http://www.commerce.mt.gov/horseracing)

License #: \_\_\_\_\_

Check# or Cash; \_\_\_\_\_

## Pari-mutuel Employee Application - \$15

(Must be approved by Pari-mutuel Supervisor)

Signature of Approval by Pari-mutuel Supervisor \_\_\_\_\_

For calendar year: \_\_\_\_\_

**Incomplete or inaccurate applications will not be processed! Please fill in all required information.**

1. Name: \_\_\_\_\_  
First Middle Last

2. Address: \_\_\_\_\_  
Street Address City State Zip Code

3. Mailing Address: \_\_\_\_\_  
(Only if different) Street Address City State Zip Code

4. Social Security: \_\_\_\_\_ 5. Telephone: \_\_\_\_\_

6. Date of birth: \_\_\_\_\_ 7. Place of birth: \_\_\_\_\_  
City & State

8. Are you under suspension, set down, ruled off, or otherwise debarred from participating in racing by any racing organization, association, commission or other turf authority in the United States or elsewhere?  Yes or  No. If 'Yes', give details: \_\_\_\_\_

9. List **all** suspensions, fines or other rulings against you in the three (3) **most recent** years. (Use the back if needed). \_\_\_\_\_

10. Have you ever been arrested or convicted of violating the law (except minor traffic violations)?  Yes or  No. If 'Yes', give details: \_\_\_\_\_

11. Are you currently on probation or parole in Montana or anywhere?  Yes or  No. If 'Yes', give details: \_\_\_\_\_

12. Who is your pari-mutuel employer? \_\_\_\_\_

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) **most recent** years, states, and license types: \_\_\_\_\_

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the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

15. Print Name: \_\_\_\_\_ 16. Email Address: \_\_\_\_\_

17. Signature: \_\_\_\_\_ 18. Date: \_\_\_\_\_