

KHRC 3-020-1 (4/2019)

**KENTUCKY HORSE RACING COMMISSION**

**4063 Iron Works Parkway, Bldg B**

**Lexington, Kentucky 40511**

**Toll free 1-877-4KY-RACE (1-877-459-7223)**

**Phone: 859-246-2040 Fax: 859-246-2039**

**WEBSITE: [khrc.ky.gov](http://khrc.ky.gov)**

**EMAIL: [khrclicensing@ky.gov](mailto:khrclicensing@ky.gov)**

**For KHRC Use only**

**License #** \_\_\_\_\_

**License Clerk** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Steward/Security Approval (if required)** \_\_\_\_\_

**RCI Check** \_\_\_\_\_

**Date** \_\_\_\_\_

THOROUGHBRED FEES				STANDARD BRED - QUARTER & OTHER HORSE FEES ARE IN ( )													
Have you ever had a license in KY? _____ What years? _____				Have you ever had a license in KY? _____ What years? _____													
<input type="checkbox"/> Association Employee \$25 <input type="checkbox"/> Asst. Trainer \$150 <input type="checkbox"/> Asst. Trainer/Owner \$150 <input type="checkbox"/> Claiming \$150 <input type="checkbox"/> Dental Tech. \$100 <input type="checkbox"/> Exercise Rider \$10 <input type="checkbox"/> Equine Therapist \$50 <input type="checkbox"/> Farm Mgr/Agent \$50 <input type="checkbox"/> Farrier \$100 <input type="checkbox"/> Farrier Apprentice \$50 <input type="checkbox"/> Jockey \$150 <input type="checkbox"/> Jockey Agent \$150 <input type="checkbox"/> Jockey Apprentice \$100 <input type="checkbox"/> Mutuel Employee \$50		<input type="checkbox"/> Owner \$150 <input type="checkbox"/> Owner (temp.) \$150 <input type="checkbox"/> Owner/Trainer \$150 <input type="checkbox"/> Racing Dept. Employee \$100 <input type="checkbox"/> Racing Official \$100 <input type="checkbox"/> Special Event \$10 <input type="checkbox"/> Stable Employee \$10 <input type="checkbox"/> Steeplechase Jockey \$150 <input type="checkbox"/> Trainer \$150 <input type="checkbox"/> Vendor \$50 <input type="checkbox"/> Vendor Employee \$25 <input type="checkbox"/> Veterinarian \$150 <input type="checkbox"/> Veterinary Asst. \$50 <input type="checkbox"/> Veterinary Tech. \$50		<input type="checkbox"/> Association Employee \$25 (\$10) <input type="checkbox"/> Asst. Trainer (\$35) <input type="checkbox"/> Asst. Trainer/Owner (\$35) <input type="checkbox"/> Dental Tech \$100 <input type="checkbox"/> Driver \$125 <input type="checkbox"/> Driver/Trainer \$125 <input type="checkbox"/> Equine Therapist \$50 (\$25) <input type="checkbox"/> Farm Mgr/Agent \$50 (\$25) <input type="checkbox"/> Farrier \$100 (\$35) <input type="checkbox"/> Farrier Apprentice \$50 (25) <input type="checkbox"/> Jockey (\$35) <input type="checkbox"/> Jockey Agent (\$35) <input type="checkbox"/> Jockey Apprentice (\$35) <input type="checkbox"/> Matinee Driver \$125 <input type="checkbox"/> Mutuel Employee \$50 (\$20)		<input type="checkbox"/> Owner \$125 (\$35) <input type="checkbox"/> Owner (temp.) \$125 (\$35) <input type="checkbox"/> Owner/Driver \$125 <input type="checkbox"/> Owner/Trainer \$125 (\$35) <input type="checkbox"/> Owner/Trainer/Driver \$125 <input type="checkbox"/> Stable Employee \$5 (\$5) <input type="checkbox"/> Trainer \$125 (\$35) <input type="checkbox"/> Racing Dept. Employee \$100 <input type="checkbox"/> Racing Official \$100 (\$35) <input type="checkbox"/> Vendor \$50 (\$25) <input type="checkbox"/> Vendor Employee \$25 (\$25) <input type="checkbox"/> Veterinarian \$125 (\$35) <input type="checkbox"/> Veterinary Asst. \$50 (\$25) <input type="checkbox"/> Veterinary Tech \$50 (\$25)											
Last Name		First Name Mr. ___ Mrs. ___ Ms. ___ Other ___		M.I.		Social Security # XXX-XX-XXXX		Date of Birth		Place of Birth							
Mailing Address				City				State				Zip Code					
Home Phone ( )		Work Phone ( )		Cell Phone ( )		Sex		Height		Weight		Hair		Eyes		Marital Status	
Trainer				Email Address				Occupation/Duties									
Person to notify in case of emergency										Phone Number							

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS-ATTACH ADDITIONAL PAGES IF NEEDED FOR EXPLANATIONS**

1. Have you been arrested or charged with a crime, other than a traffic violation, in the last 15 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
2. Are you currently on parole or probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been fined over \$250 by any racing jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
4. Have you or your spouse, parent, child, or sibling (including in-laws) ever had a license denied, revoked, suspended, or have a complaint pending in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been ruled off, ejected, or excluded from racing association grounds? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been issued a license under another name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide other names \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE BACK PORTION OF THE FORM**

**OWNERS ONLY – LIST HORSES YOU PLAN TO RACE THIS YEAR. ATTACH LIST OF HORSES IF MORE SPACE IS NEEDED.**

HORSE NAME	YOB	TRAINER'S NAME	OWNERSHIP NAME ON REGISTRATION PAPERS	% OWNED	BREED T,S,Q,A

**TRAINERS ONLY-** Number of horses in training \_\_\_\_\_ Number of Employees \_\_\_\_\_ (Attach List of Employees-Required)

Are you obligated to have worker's compensation insurance covering an employee in connection with racing \_\_\_\_\_

If yes, indicate company name \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Name of policy holder \_\_\_\_\_

Trainers:



Initial Here

**At the present time I have no full-time employees or part-time employees. I understand my responsibilities under KRS 342, Section 630, and in the future if I employ anyone, I understand that I must obtain worker's compensation insurance and a copy of said certificate will be forwarded to the Kentucky Horse Racing Commission office. Failure to comply with this law may result in the revocation of my racing license. Please initial the box to the left of this section indicating that you have read this article.**

**ASST. TRAINER ONLY** -Name of Trainer you are assistant to \_\_\_\_\_  
Number of horses in your care \_\_\_\_\_

**STABLE EMPLOYEE ONLY:** \_\_\_\_\_ **TRAINER or ASST. TRAINER SIGNATURE REQUIRED**

**VET ASSISTANTS/TECHS/  
EQUINE THERAPIST ONLY:** \_\_\_\_\_ **LICENSED VETERINARIAN SIGNATURE REQUIRED**

**EXERCISE RIDER ONLY:** \_\_\_\_\_ **OUTRIDER SIGNATURE REQUIRED****ALL APPLICANTS READ AND SIGN AT BOTTOM:**

I understand that participation in racing in Kentucky is a privilege and not a right. I agree to comply with all rules, regulations, statutes, and steward's/ judge's directives related to Kentucky racing. I authorize the KHRC or its agents to conduct a background check to determine my fitness to receive a license, which may include access to public, private and confidential information. I release all providers of information, and release all KHRC employees and agents from any liability related to the release of any information requested by KHRC. I agree that my license may be revoked or suspended by the KHRC at any time. I acknowledge that the KHRC has the right to search any location described in KRS 230.260(7) and may seize any medication, drug, substance, paraphernalia, object, or device in violation or suspected violation of KRS Chapter 230 or KAR Title 810. I agree to cooperate with the KHRC during any such investigation and respond correctly to the best of my knowledge if questioned by the KHRC about a racing matter. I certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission on this application shall subject me to immediate revocation of any issued license, and all other appropriate penalties under the statutes of the Commonwealth of Kentucky. I agree to "out of competition" drug testing on all race horses which I own or train in conformity with KAR Title 810.

\_\_\_\_\_  
Signature/Date**ADD \$4.00 FOR CREDIT CARD PROCESSING FEE**

If paying by credit card I authorize KHRC to charge my account for the appropriate license fee plus a \$4.00 processing fee.

Credit card # \_\_\_\_\_ CVV # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing address for this card \_\_\_\_\_

Cardholder's name (as it appears on the card) \_\_\_\_\_

By my signature, I agree to pay the license fee for this application to KHRC according to my cardholder agreement

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_