THE STATE HORSE RACING COMMISSION MOHEGAN SUN @ POCONO DOWNS 1282 HIGHWAY 315 WILKES BARRE, PA 18702 PHONE (570) 826 - 2404 THE STATE HORSE RACING COMMISSION HARRAH'S CHESTER CASINO AND RACETRACK 1001 HARRAH'S BLVD CHESTER, PA 19013 THE STATE HORSE RACING COMMISSION THE MEADOWS PO BOX 427 RACE TRACK ROAD MEADOW LANDS, PA 15347 PHONE: (724) 223 - 4585

THE STATE HORSE RACING COMMISSION – BUREAU OF STANDARDBRED RACING LICENSE RENEWAL APPLICATION

PHONE: (610) 619 - 3211

THIS FORM MUST BE COMPLETED BY ALL PERSONS WHO HAVE BEEN PREVIOUSLY LICENSED BY THE COMMISSION AND WHOSE LICENSE HAS EXPIRED LESS THAN THREE YEARS AGO. THIS APPLICATION MUST BE ACCOMPANIED BY (2) FINGERPRINT CARDS AS APPLICABLE AND THE CORRECT FEE. (Refer to Fee Schedule) CHECK OR MONEY ORDER ONLY- NO CASH ACCEPTED. PRINT OR TYPE IN INK ONLY-READ THOROUGHLY

| 1. Name of Applicant: Last First Middle Name 2. PERMANENT MAILING ADDRESS: No. and Street Cey State Zip Code (PSHRC rules require you have a valid permanent mailing address for which all correspondences in crewarded. If you do not, you will be in violation of PSHI uses require you have a valid permanent mailing address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. Any changes in address must be updated with the Commission immediate supersion. RENEWING LICENSE AS. RENEWING LICENSE AS. RENEWING LICENSE AS. RENEWING LICENSE AS. Classification Name of Employer / Trainer at track: Type / Expiration Name of Employer / Trainer at track: Type / Septical S | 1 Name of Applicant: | | | |
|--|---|--|---|--|
| No. and Street City State Zip Code | Name of Applicant | | First | Middle Name |
| (PSHRC rules require you have a valid permanent mailing address for which all correspondence is forwarded. If you do not, you will be in violation of PSH rules resulting in immediate suspension. Any changes in address must be updated with the Commission immediately) 3. Age: | 2. PERMANENT MAILING | ADDRESS: | | |
| 4. Home Phone: () | | have a valid permanent mailing address for | or which all correspondence is forwarde | d. If you do not, you will be in violation of PSHRC |
| Section of Employer / Trainer at track: / Expiration / Applicant's e-mail address: Classification / Applicant's e-mail address: / Classification / Applicant's e-mail address: / Applicant's / A | 3. Age: | Date of Birth: | Social Security No. (last 4 digits o | nly) : |
| 6. Name of Employer / Trainer at track: | 4. Home Phone: () _ | Cellular Phon | e: () | Business Phone: () |
| 6. Name of Employer / Trainer at track: | 5. Last PSHRC License He | eld:/RE | ENEWING LICENSE AS: | |
| any race track, denial, suspension over 5 days, revocation of a racing license, or fined over \$300.00 by a Race Association? If your answer is YES, you MUST furnish a complete statement of circumstances. This is to inclu conviction of any criminal or summary offense, and/or serious traffic violation. 8. YES () NO () Do you now have, or will you have employees working for you on the track? If YES, you are REGUIRED by the PA Workmen's Compensation Act to secure current insurance to provide compensation for all such employees. Name of insurance Company: | 6. Name of Employer / Tra | Type / Expiration iner at track: | Applicant's e-mail address: | Classification |
| Workmen's Compensation Act to secure current insurance to provide compensation for all such employees. Name of Insurance Company: Policy Exp. Date: Policy Exp. Date: | a A | ny race track, denial, suspension over ssociation? If your answer is YES, you | 5 days, revocation of a racing lic u MUST furnish a complete state | cense, or fined over \$300.00 by a Race ment of circumstances. This is to include |
| Details: | Worl | men's Compensation Act to secure current in | surance to provide compensation for al | Il such employees. |
| 10. YES () NO () (a) Are you a member of the USTA? Membership No.: | 9. YES () NO () Are | you a public employee, elected public officer, | or a political party officer in Pennsylvan | ia? If YES, give the following: |
| YES () NO () (b) Are you licensed by the USTA as a Driver or Trainer or both? Letter Classification(s) TRAINERS SHALL NOTIFY THE COMMISSION IMMEDIATELY OF ANY CHANGES IN THE EMPLOYMENT OF GROOMS 11. YES () NO () (a) Do you own or lease any Standardbred horses which you intend to race in Pennsylvania during the year or years for which this application is submitted? If YES, list names of those horse as presently known: (b) Under what name or names is ownership of above horses, listed under question 11A , registered with the USTA? 12. YES () NO () Are you a U.S. Citizen? Status: Visa Type / No. 13. If you are under the age of eighteen (18), working papers or education certificate must be submitted with this application. Complete the following: School District Certificate No. The Commission, or its representatives, shall have the right to conduct a warrant-less search within the racetrack enclosure which any owner, trainer, driver, grevendor of racing equipment and service, or other licensee acting in their behalf may occupy and control including all personal property and effects. As a result of such search, the Commission or its representatives shall have the prover and authority to seize any ticle which may be in violation of the rules and regulations the Commission or the criminal statutes of the Commonwealth of Pennsylvania. My signature acknowledges that I will comply with drug/alcohol testing when requested by the Commission immediately of any change of address, employment, arrest, or other development which would alter the information on this application. Illicensed I agree to comply with all rules, regulations, and orders of The State Horse Racing Commission. I hereby verify the facts contained in this foregoing application are true and correct. I give this verification subject to the provisions set forth in 18 Pa. C.S. 4904, relating to un-sworn falsification to authorities, a misdemeanor of the second degree. Sign / Print: / Date: Parent or Guardian / Date: Parent or Guardian / Date: F | Deta | ils: | Position: | Location: |
| TRAÍNERS SHALL NOTIFY THE COMMISSION IMMEDIATELY OF ANY CHANGÉS IN THE EMPLOYMENT OF GROOMS 11. YES () NO () (a) Do you own or lease any Standardbred horses which you intend to race in Pennsylvania during the year or years for which this application is submitted? If YES, list names of those horse as presently known: (b) Under what name or names is ownership of above horses, listed under question 11A , registered with the USTA? 12. YES () NO () Are you a U.S. Citizen? Status: | 10. YES () NO () (a) A | are you a member of the USTA? Membership | No.: Expir | ration Date: |
| this application is submitted? If YES, list names of those horse as presently known: (b) Under what name or names is ownership of above horses, listed under question 11A , registered with the USTA? 12. YES () NO () Are you a U.S. Citizen? Status: | | | | |
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| Complete the following: School District | 12. YES () NO () Are | you a U.S. Citizen? Status: | Visa Type / | / No |
| vendor of racing equipment and service, or other licensee acting in their behalf may occupy and control including all personal property and effects. As a result of such search, the Commission or its representatives shall have the power and authority to seize any article which may be in violation of the rules and regulations the Commission or the criminal statutes of the Commonwealth of Pennsylvania. My signature acknowledges that I will comply with drug/alcohol testing when requested by the Commission. Notify this Commission immediately of any change of address, employment, arrest, or other development which would alter the information on this application. It licensed, I agree to comply with all rules, regulations, and orders of The State Horse Racing Commission. I hereby verify the facts contained in this foregoing application are true and correct. I give this verification subject to the provisions set forth in 18 Pa. C.S. 4904, relating to un-sworn falsification to authorities, a misdemeanor of the second degree. Sign / Print: / Date: Signature indicates acceptance of full responsibility for this applicant for Owner's License when applicant is under 18 years of age. PA Harness Racing License No Date Issued: License FEE: Fingerprint FEE: Transmittal No.: Sign / Print License FEE: Fingerprint FEE: Transmittal No.: | | | | |
| Rev 7/2016 DO NOT WRITE IN THIS SPACE Location: Location: License FEE: Fingerprint FEE: Transmittal No.: License FEE: License FEE: Transmittal No.: License FEE: Licens | vendor of racing equipment such search, the Commissio the Commission or the crimi requested by the Commissio Notify this Commission imm licensed, I agree to comply application are true and corr | and service, or other licensee acting in their bear or its representatives shall have the power and statutes of the Commonwealth of Pennsylon. ediately of any change of address, employme with all rules, regulations, and orders of The Sect. I give this verification subject to the provise | ehalf may occupy and control including and authority to seize any article which vania. My signature acknowledges that nt, arrest, or other development which we tate Horse Racing Commission. I hereb | all personal property and effects. As a result of may be in violation of the rules and regulations of I will comply with drug/alcohol testing when would alter the information on this application. If by verify the facts contained in this foregoing |
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License Expiration Date: