

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
PHONE: (610) 619 - 3211

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

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 City State Zip Code
(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 PSHRC rules resulting in immediate suspension. Any changes in address must be updated with the Commission immediately)

3. Age: _____ Date of Birth: _____ Social Security No. (last 4 digits only) : _____

4. Home Phone: () _____ Cellular Phone: () _____ Business Phone: () _____

5. Last PSHRC License Held: _____ / _____ **RENEWING LICENSE AS:** _____
Type / Expiration Classification

6. Name of Employer / Trainer at track: _____ Applicant's e-mail address: _____

7. **YES () NO () Since the issuance of your PSHRC license, has your status changed regarding arrest record, ejections from 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 include 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 REQUIRED by the PA Workmen's Compensation Act to secure current insurance to provide compensation for all such employees.
Name of Insurance Company: _____ Policy Exp. Date: _____

9. YES () NO () Are you a public employee, elected public officer, or a political party officer in Pennsylvania? If YES, give the following:
Details: _____ Position: _____ Location: _____

10. YES () NO () (a) Are you a member of the USTA? Membership No.: _____ Expiration Date: _____
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, groom, 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 of 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. If 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: _____

Parent or Guardian _____ / _____ Date: _____

Signature indicates acceptance of full responsibility for this applicant for Owner's License when applicant is under 18 years of age.

Rev 7/2016

DO NOT WRITE IN THIS SPACE	
PA Harness Racing License No. _____	Date Issued: _____ Location: _____
Exam. By: _____ / _____	License FEE: _____ Fingerprint FEE: _____ Transmittal No.: _____
FBI: _____ Sign / Print	Restricted Verification: Initials _____ USTA _____ INTELL _____
PSP: _____	License Expiration Date: _____