

License Clerk - MP

License Application



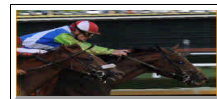
Phone: 304.387.8525

Fax: 304.387.2226

2010

03/01/2010

19:18:40



Section 1

Soc Sec # or Tax ID # _____

Name _____

Date of Birth ____ / ____ / ____

List latest dates fingerprinted and what states fingerprinted you:

Month & Years Fingerprinted _____ In what state(s) _____

Stable Name _____

Section 2

Address _____

City _____

State _____ Zip _____

Phone # _____ Cell # _____

Partners _____

Trainer / Employer _____

Identification: Sex _____ Age _____ Color: Hair _____ Color: Eyes _____ Height _____ ft. _____ in. Weight _____

Questions a-h must be answered "yes" or "no"	Yes	No
a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has any other type of license or permit of you or your spouse ever been suspended, denied, or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been expelled, discharged, or ejected from any race track or fined more than \$100.00 ?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you or your spouse ever been convicted of, or forfeited bail on, any felony or misdemeanor criminal offense ? (Including DUI or DWI)	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any criminal charges currently pending anywhere against you or your spouse ?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you or your spouse currently on parole or probation ?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are there any outstanding civil judgements against you or your spouse ?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you have a position with the Racing Commission, racetrack, political party or in government ?	<input type="checkbox"/>	<input type="checkbox"/>

For each "yes" above, you must provide full details on back of this application.

i. Are you a United States citizen ? If NO, Citizenship _____ Visa # _____ Expiration _____

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.

I authorize the West Virginia Racing Commission or it's designated agent to investigate my background to determine my eligibility for a license as per the West Virginia Rules of Racing.

I authorize any company, organization, educational or health care institution or law enforcement agency to release any personal records, medical records, educational records, credit history records, criminal history records, or other such documentation to the West Virginia Racing Commission or it's authorized agent.

Clerk ID: 99 Administrator Signature of Applicant _____ Date _____

Section 3

Please mark the license(s) you are requesting today

<input type="checkbox"/> 55 A ACCOUNTING \$10.00	<input type="checkbox"/> 17 A HOTEL \$10.00	<input type="checkbox"/> 16 O RACING OFFICAL \$15.00
<input type="checkbox"/> 2 A ADMINISTRATIVE \$10.00	<input type="checkbox"/> 12 A HOUSEKEEPING \$10.00	<input type="checkbox"/> 29 A RECEIVING \$10.00
<input type="checkbox"/> 3 A ADMISNSS/PROGS \$10.00	<input type="checkbox"/> 1 A HUMAN RESOURCES \$10.00	<input type="checkbox"/> 30 A RETAIL SHOP \$10.00
<input type="checkbox"/> 5 A ANNOUNCER \$10.00	<input type="checkbox"/> 5 C INVESTIGATOR \$10.00	<input type="checkbox"/> 21 A SECURITY \$10.00
<input type="checkbox"/> 18 B APP. JOCKEY \$10.00	<input type="checkbox"/> 17 B JOCKEY \$15.00	<input type="checkbox"/> 31 A SPA \$10.00
<input type="checkbox"/> 20 O ASST STARTER \$10.00	<input type="checkbox"/> 19 B JOCKEY AGENT \$10.00	<input type="checkbox"/> 32 B STABLE NAME \$20.00
<input type="checkbox"/> 36 B ASST TRAINER \$15.00	<input type="checkbox"/> 8 O JOCKEY RM CUST \$10.00	<input type="checkbox"/> 18 O STALL SUPER \$10.00
<input type="checkbox"/> 1 B AUTH AGENT \$10.00	<input type="checkbox"/> 38 A JOCKEY VALET \$10.00	<input type="checkbox"/> 19 O STEWARD \$15.00
<input type="checkbox"/> 3 B BLACKSMITH / PL \$10.00	<input type="checkbox"/> 34 A LEGAL \$10.00	<input type="checkbox"/> 32 A SURVEILLANCE \$10.00
<input type="checkbox"/> 25 A CAMERA OP \$10.00	<input type="checkbox"/> 14 A MAINTENANCE \$10.00	<input type="checkbox"/> 22 A TOTE \$10.00
<input type="checkbox"/> 5 B CHAPLAIN \$10.00	<input type="checkbox"/> 13 A MARKETING \$10.00	<input type="checkbox"/> 23 A TRACK SUPER \$10.00
<input type="checkbox"/> 2 O CLERK OF SCALES \$10.00	<input type="checkbox"/> 17 O MINOR OFFICIAL \$10.00	<input type="checkbox"/> 35 B TRAINER \$15.00
<input type="checkbox"/> 3 O CLOCKER / ASST \$10.00	<input type="checkbox"/> 16 A MIS \$10.00	<input type="checkbox"/> 33 A UNIFORMS \$10.00
<input type="checkbox"/> 42 A DEALER/GAMING \$10.00	<input type="checkbox"/> 15 A MISCELLANEOUS \$10.00	<input type="checkbox"/> 24 A VENDOR \$20.00
<input type="checkbox"/> 4 A EMT-B \$10.00	<input type="checkbox"/> 45 A MUTUELS \$10.00	<input type="checkbox"/> 20 A VENDOR HELPER \$10.00
<input type="checkbox"/> 13 B EQUINE DENTIST \$10.00	<input type="checkbox"/> 12 O OUTFIDER \$10.00	<input type="checkbox"/> 40 B VET ASST \$10.00
<input type="checkbox"/> 16 B EX. RIDER \$10.00	<input type="checkbox"/> 25 B OWNER \$15.00	<input type="checkbox"/> 39 B VETERINARIAN \$15.00
<input type="checkbox"/> 37 A EXEC OFFICES \$10.00	<input type="checkbox"/> 29 B OWNER/ASSIT TRA \$30.00	<input type="checkbox"/> 41 A VIDEO LOTTERY \$10.00
<input type="checkbox"/> 99 A FINGERPRINTS \$36.00	<input type="checkbox"/> 28 B OWNER/TRAINER \$30.00	
<input type="checkbox"/> 98 A FITNESS CENTER \$10.00	<input type="checkbox"/> 18 A PARKING \$10.00	
<input type="checkbox"/> 7 A FOOD & BEVERAGE \$10.00	<input type="checkbox"/> 19 A PHOTOGRAPHER \$10.00	
<input type="checkbox"/> 9 A GM / ASST GM \$10.00	<input type="checkbox"/> 15 O PLACING JUDGE \$10.00	
<input type="checkbox"/> 11 A GOLF COURSE \$10.00	<input type="checkbox"/> 33 B PONY RIDER \$10.00	
<input type="checkbox"/> 15 B GROOM \$10.00	<input type="checkbox"/> 27 A PURCHASING \$10.00	
<input type="checkbox"/> 26 A GROUP SALES \$10.00	<input type="checkbox"/> 6 O RACING IDENTIFI \$10.00	

AFTER you complete Section 3, please give completed form to the clerk.

License Clerk - MP

License Application



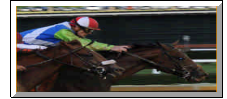
Phone: 304.387.8525

Fax: 304.387.2226

2010

03/01/2010

19:18:41



Section 1

Soc Sec # or Tax ID # _____

Name _____

Date of Birth _____ / _____ / _____

List latest dates fingerprinted and what states fingerprinted you:

Month & Years Fingerprinted *In what state(s)*

Stable Name _____

Section 2

Address _____

City _____

State _____ Zip _____

Phone # _____ Cell # _____

Partners _____

Trainer / Employer _____

Identification: Sex _____ Age _____ Color: Hair _____ Color: Eyes _____ Height _____ ft. _____ in. Weight _____

- Questions a-h must be answered "yes" or "no"**
- a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?
 - b. Has any other type of license or permit of you or your spouse ever been suspended, denied, or revoked ?
 - c. Have you ever been expelled, discharged, or ejected from any race track or fined more than \$100.00 ?
 - d. Have you or your spouse ever been convicted of, or forfeited bail on, any felony or misdemeanor criminal offense ? (Including DUI or DWI)
 - e. Are there any criminal charges currently pending anywhere against you or your spouse ?
 - f. Are you or your spouse currently on parole or probation ?
 - g. Are there any outstanding civil judgements against you or your spouse ?
 - h. Do you have a position with the Racing Commission, racetrack, political party or in government ?

	Yes	No
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>

For each "yes" above, you must provide full details on back of this application.

i. Are you a United States citizen ? If NO, Citizenship _____ Visa # _____ Expiration _____

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.

I authorize the West Virginia Racing Commission or it's designated agent to investigate my background to determine my eligibility for a license as per the West Virginia Rules of Racing.

I authorize any company, organization, educational or health care institution or law enforcement agency to release any personal records, medical records, educational records, credit history records, criminal history records, or other such documentation to the West Virginia Racing Commission or it's authorized agent.

Clerk ID: 99 Administrator

Signature of Applicant

Date

Section 3

Please mark the license(s) you are requesting today