

15. If married, has your spouse been previously licensed by another racing jurisdiction? **Circle** → **"Not Married"**
 If yes, give the following information on his/her current and most recent license(s): **if not applicable.**

	Date	Type (occupation)	State/Province/Country	License Number
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____

- 16.a) Yes No Have you ever been **SUSPENDED** for more than five (5) days.
 b) Yes No Have you ever been **FINED** more than \$100?
 c) Yes No Has your (or your spouse's) racing license ever been **DENIED** or **REVOKED**?
 d) Yes No Do you (or your spouse) have **PENDING** racing violations?
 e) Yes No Have you or your spouse ever been **RULED OFF** or **BARRED** from a race track?

If any in 16 a, b, c, d, or e was answered **YES**, you **must** provide the following:

	Date	State	Track	Specific Violation & Penalty
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____

- 17.a) Yes No Have you (or your spouse) ever been **ARRESTED**? You must answer **YES**, even if charges were dropped or dismissed.
 b) Yes No Are you (or your spouse) currently on **PAROLE** or **PROBATION**?
 c) Yes No Are there **CRIMINAL** charges currently pending against you?

If any question in 17 a, b or c was answered **YES**, you **must** provide the following for each incident:

	Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

18. IHRC Rules Require Worker's Compensation Act Compliance. Licensed employers shall carry worker's compensation insurance covering their employees as required by 71 IAC 5-1-10 and 71 IAC 5.5-1-10. Please reference the Worker's Compensation Employment acknowledgment within this application's affidavit on page 4. If you are not sure whether you need worker's compensation insurance coverage, please contact your insurance agent, the Worker's Compensation Board in the state where your business is domiciled, or the Indiana Worker's Compensation Board at **317-232-3808**.

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

Thereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies - with the exception of those provided for by the Indiana Administrative Orders and Procedures Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom - against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

Worker's Compensation Coverage Requirement: I am participating in pari-mutuel racing in the state of Indiana. I am currently licensed or have submitted an application for licensure to the Indiana Horse Racing Commission ("IHRC"). I acknowledge that both Indiana state law (I.C. 22-3-5-1) and IHRC regulations (71 IAC 5-1-10) require that employers provide worker's compensation for employees. I attest that I have worker's compensation coverage for my employees and will provide to the IHRC a Certificate of Coverage that identifies the IHRC as the Certificate Holder. I further attest that if I currently do not have employee(s) but hire employee(s) at some point during the licensing period, I will purchase worker's compensation coverage for the entirety of their employment and provide proof of coverage to the IHRC. I understand that within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge.

Employment Verification: I am currently licensed or have submitted an application for a license to the Indiana Horse Racing Commission ("IHRC"). I have completed the Employment Eligibility Verification Form ("Form I-9") required by the Immigration Reform and Control Act ("IRCA") for each of my employees required to be licensed by the IHRC. I agree to complete a Form I-9 for each new employee I hire during this calendar year who is required to be licensed by the IHRC. I agree to make available for review the redacted Form I-9 for each of my employees required to be licensed by the IHRC to the IHRC upon request. Within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge. I understand that failure to abide by the terms of this affidavit or the IRCA may result in the initiation of a disciplinary action against me by the Indiana Horse Racing Commission.

Thereby certify that I have read the foregoing Application & Affidavit and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, the Indiana State Department of Revenue and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

Signature of Applicant *	Email Address	Date
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* *If applicant is under 16 years of age, and working for a licensed Parent or Legal Guardian, this Application must be signed by applicant's Parent or Legal Guardian in the presence of one or more track judge or steward. Parent or Legal Guardian hereby provides permission of licensure and accepts responsibility of such licensure.*

Signature of Parent or Legal Guardian	Date	Acknowledgment by Judge or Steward
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To be completed by Applicant's Employer:

Signature Of Employer	Company Name	IHRC License No.	Phone No.
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Standardbred Racing
Indiana Horse Racing Commission
 c/o Hoosier Park; 4500 Dan Patch Circle
 Anderson, IN 46013
 P: 765-609-4855 F: 765-683-2568

~OR~

Thoroughbred/Quarter Horse Racing
Indiana Horse Racing Commission
 c/o Indiana Downs; 4425 N 200 W
 Shelbyville, IN 46176
 P: 317-713-3350 F: 317-713-3355