

FOR IRB USE ONLY	ILLINOIS RACING BOARD Suite 7-701 James R. Thompson Center Chicago, Illinois 60601 (The application fee is NOT refundable) IMPORTANT NOTICE: This state agency is requesting disclosure of info that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is REQUIRED . Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.	DRIVERS LICENSE	
LICENSE#:		LIC #:	
DATE:		STATE	
LICENSE CLERK:		VEHICLE INFORMATION	
TRACK:		MAKE:	PLATE #:
LICENSE APPLICATION FORM		NEW APPLICANT	
		RENEWAL	

License Year
2013

HARNESS
 QUARTER HORSE
 THOROUGHBRED

<i>Illinois Racing Board License Office Address:</i>	ARLINGTON PARK 2200 W. EUCLID ARLINGTON HTS, IL 60006 847-255-4300 x7618 847-483-9874 FAX	BALMORAL PARK 26435 S. DIXIE HWY CRETE, IL 60417 708-672-1414 x 213 708-672-4208 FAX	FAIRMOUNT PARK 9301 COLLINSVILLE RD. COLLINSVILLE, IL 62234 618-345-4300 x 143 618-346-5185 FAX	HAWTHORNE RACE COURSE 3501 S. LARAMIE CICERO, IL 60804 708-780-3700 x 3741 708-652-1097 FAX	MAYWOOD PARK 8600 W. NORTH AVE. MELROSE PARK, IL 60160 708-343-4800 x 297 708-681-1864 FAX
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LICENSE AS:	\$25 FEE	\$15 FEE	\$10 FEE	\$ 5 FEE
<input type="checkbox"/> OWNER <input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOCKEY <input type="checkbox"/> TOTALISATOR EMP <input type="checkbox"/> APPRENTICE <input type="checkbox"/> OFF	<input type="checkbox"/> ASSISTANT <input type="checkbox"/> ANIMAL <input type="checkbox"/> PONY <input type="checkbox"/> VENDOR <input type="checkbox"/> HOTWALKER	<input type="checkbox"/> TRAINER <input type="checkbox"/> JOCKEY <input type="checkbox"/> AGENT <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> BLACKSMITH <input type="checkbox"/> TRACK	<input type="checkbox"/> PERSON <input type="checkbox"/> HELPER <input type="checkbox"/> EXERCISE PERSON <input type="checkbox"/> FOREMAN <input type="checkbox"/> OTHER	<input type="checkbox"/> GROOM <input type="checkbox"/> RACETRACK <input type="checkbox"/> EMPLOYEE
<input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER/ASST <input type="checkbox"/> RACING <input type="checkbox"/> AGENT <input type="checkbox"/> VENDOR <input type="checkbox"/> STABLING	<input type="checkbox"/> VETERINARIAN <input type="checkbox"/> TECH <input type="checkbox"/> ASSISTANT <input type="checkbox"/> OTHER	<input type="checkbox"/> JOCKEY <input type="checkbox"/> TRAINER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER <input type="checkbox"/> BLACKSMITH <input type="checkbox"/> CENTER	<input type="checkbox"/> NO FEE <input type="checkbox"/> RACETRACK <input type="checkbox"/> EMPLOYEE	
<input type="checkbox"/> INTERTRACK EMPLOYEE <input type="checkbox"/> BUSINESS AGENT <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> OTHER				

2. NAME: LAST FIRST M.I. (MAIDEN)	3. SOCIAL SECURITY NUMBER												
4. HAVE YOU EVER HAD ANY LICENSE, OF ANY TYPE DENIED, SUSPENDED OR REVOKED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM ANY RACETRACK BY A RACING ASSOCIATION OFFICIAL?	10. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">YEAR</th> <th style="width: 45%;">POSITION</th> <th style="width: 30%;">EMPLOYER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	YEAR	POSITION	EMPLOYER									
YEAR	POSITION	EMPLOYER											
5. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR ANY CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL?	11. YOUR TRAINER'S NAME:												
6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?	12. NAME YOU WISH TO RACE UNDER. LIST STABLES AND PARTNERSHIPS UNDER WHICH YOU ARE RACING:												
7. HAVE YOU EVER BEEN THE SUBJECT OF ANY RULE VIOLATION IN ANY RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR (JOCKEY'S ONLY) SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE?	13. OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED												
8. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?	14. VENDOR'S FEDERAL TAX NUMBER:												
9. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME?	15. VETERINARIAN'S IL D.P.R. NUMBER: EXPIRATION DATE:												
	16. HARNESS ONLY: U.S.T.A. ID NUMBER:												

IF YOU ANSWERED "YES" TO QUESTIONS 4 THRU 9, GIVE THE YEAR, STATE, RACETRACK AND DETAILS OF THE INFRACTION ON BACKSIDE:

ADDITIONAL SPACE ON BACKSIDE TO ANSWER 4 THRU 13

17. ADDRESS (MAILING)					27. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)					28. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:	
18. TELEPHONE (HOME)		(BUSINESS)			29. SPOUSE'S FULL NAME:	
		(FAX)			30. ALIEN STATUS (CHECK ONE) <input type="checkbox"/> USA CITIZEN	
(MOBILE-CELL)		(E-MAIL)			<input type="checkbox"/> USA NATURALIZED CITIZEN (ID #)	
					<input type="checkbox"/> PERMANENT RESIDENT (ID #) EXP:	
					<input type="checkbox"/> TEMPORARY RESIDENT (PERMIT #)	
19. DATE OF BIRTH	20. SEX	21. HEIGHT	22. WEIGHT	23. HAIR	31. IN CASE OF AN EMERGENCY, CONTACT:	
24. EYES	25. SCARS, MARKS, TATTOOS		26. PLACE OF BIRTH			NAME: PHONE:

ADDITIONAL SPACE TO DETAIL ANSWERS FROM QUESTIONS 4 THRU 13. PLEASE INDICATE THE QUESTIONS NUMBER ANSWERED	

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD (11 ILLINOIS ADMINISTRATIVE CODE).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND THEREBY.

IMPORTANT

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED

_____ APPLICANT'S SIGNATURE	_____ DATE	
_____ TRAINER'S SIGNATURE NOT REQUIRED FOR OWNERS	_____ TRAINER'S NAME (PRINT)	_____ DATE
X STATE VETERINARIAN	X TRACK MANAGEMENT	X OUTRIDER

DENIED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE DENIED FOR THE YEAR **2013**:

_____ STATE STEWARD	_____ STATE STEWARD	_____ ASSOCIATION STEWARD
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APPROVED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED FOR THE YEAR **2013**:

_____ STATE STEWARD	_____ STATE STEWARD	_____ ASSOCIATION STEWARD
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**STATEMENT OF PURPOSE FOR
COLLECTION OF SOCIAL SECURITY NUMBERS**

JAMES R. THOMPSON CENTER
100 WEST RANDOLPH STREET
SUITE 7-701
CHICAGO, IL 60601
TEL: 312-814-2600 FAX: 312-814-5062

WHAT DOES THE ILLINOIS RACING BOARD DO WITH YOUR SOCIAL SECURITY NUMBER?

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS
IDENTITY-PROTECTION POLICY

THE IDENTITY PROTECTION ACT, 5 ILCS 179/1 *ET SEQ.*, REQUIRES EACH LOCAL AND STATE GOVERNMENT AGENCY TO DRAFT, APPROVE, AND IMPLEMENT AN IDENTITY-PROTECTION POLICY THAT INCLUDES A STATEMENT OF THE PURPOSE OR PURPOSES FOR WHICH THE AGENCY IS COLLECTING AND USING AN INDIVIDUAL'S SOCIAL SECURITY NUMBER (SSN). THIS STATEMENT OF PURPOSE IS BEING PROVIDED TO YOU BECAUSE YOU HAVE BEEN ASKED BY THE ILLINOIS RACING BOARD TO PROVIDE YOUR SSN OR BECAUSE YOU REQUESTED A COPY OF THIS STATEMENT.

WHY DO WE COLLECT YOUR SOCIAL SECURITY NUMBER?

YOU ARE BEING ASKED FOR YOUR SSN FOR ONE OR MORE OF THE FOLLOWING REASONS:

- COMPLAINT INVESTIGATION;
- VENDOR SERVICES, SUCH AS EXECUTING CONTRACTS AND/OR BILLING;
- LAW ENFORCEMENT INVESTIGATION;
- INTERNAL VERIFICATION;
- ADMINISTRATIVE SERVICES;
- LICENSING; AND/OR
- REGULATORY ENFORCEMENT AND INVESTIGATION.

WHAT DO WE DO WITH YOUR SOCIAL SECURITY NUMBER?

WE WILL ONLY USE YOUR SSN FOR THE PURPOSE FOR WHICH IT WAS COLLECTED.

WE WILL NOT:

- SELL, LEASE, LOAN, TRADE, OR RENT YOUR SSN TO A THIRD PARTY FOR ANY PURPOSE;
- PUBLICLY POST OR PUBLICLY DISPLAY YOUR SSN;
- PRINT YOUR SSN ON ANY CARD REQUIRED FOR YOU TO ACCESS OUR SERVICES;
- REQUIRE YOU TO TRANSMIT YOUR SSN OVER THE INTERNET, UNLESS THE CONNECTION IS SECURE OR YOUR SSN IS ENCRYPTED; OR
- PRINT YOUR SSN ON ANY MATERIALS THAT ARE MAILED TO YOU, UNLESS STATE OR FEDERAL LAW REQUIRES THAT NUMBER TO BE ON DOCUMENTS MAILED TO YOU, OR UNLESS WE ARE CONFIRMING THE ACCURACY OF YOUR SSN.

QUESTIONS OR COMPLAINTS ABOUT THIS STATEMENT OF PURPOSE

WRITE TO THE: ILLINOIS RACING BOARD
100 W. RANDOLPH
SUITE 7-701
CHICAGO, IL 60601