



# 20

## Application for Thoroughbred Licence (Individual)

HEAD OFFICE USE ONLY

ORC No.

Grid for ORC No.

Fingerprinted

Expires  
Month Year

Grid for Expires

STATUS (X)

NEW 20

RENEWAL of

Applicants must be active participants in Thoroughbred racing or be actively engaged in their occupation or profession at a Thoroughbred race track. False answers given hereon may lead to refusal or cancellation of your licence.

TO BE LICENSED AS - check (X) box under appropriate Class.

Owner, Trainer, Assistant Trainer, Groom, Exercise Person, Hot Walker, Tradesperson, Veterinarian, Pari-mutuel, Spouse, Initial Claim, Commission Official, Association Official, Authorized Agent, Other

Last Name, First Name, Name Normally Used, Middle Initial, Date of Birth (Day, Month, Year)

Permanent Address (number and street, rural route, P.O. Box, apt. number), Area Code/Telephone Number, Citizenship

City, town or village, Area Code/Fax Number, Country of Birth

Province or State, Postal Code, WSIB #, Car Driver's Licence or other form of I.D.

E-mail Address

Sex (X)  
 M  
 F

Type of employment at Track, Employer at Track

Type of employment off Track, Business Telephone Number

Contact in case of emergency, Telephone Number

Address

Have you ever been found guilty or convicted of an offence in any jurisdiction? (This includes offences where a conditional or absolute discharge has been granted)
Do you have any charges pending in any jurisdiction?
If your answer is YES, TO ANY of the questions above, is it recorded on file with the O.R.C.?
Have you ever had a licence or registration certificate of any kind refused, denied, suspended or revoked in any jurisdiction?

Table with 6 columns: DAY, MONTH, YEAR, Place, Nature of Ruling/Conviction, Disposition of Ruling/Conviction

**TO BE FILLED OUT BY OWNERS**

If applicable, list the names of the multiple ownership entities which you are involved in for the purposes of this licence (i.e., partnership, limited partnership, corporation, all registered stable names)

Colours: Number  Annual  Lifetime

**COMPLETE FOR EACH HORSE IN TRAINING, WHOLLY OR PARTLY OWNED/LEASED BY YOU**

Name of Horse	Trainer	Where Horses are currently stabled	Ownership for Program Purposes

**DECLARATION**

I hereby agree to abide by the Rules of Racing of the Ontario Racing Commission (the "Commission") and to accept and abide by the rulings and decisions of the Commission, the Stewards and Racing Officials, as the case may be, and I consent to the publication of such decisions and rulings to the press and to the public. And I further agree upon the request of the Commission or the Stewards, to be fingerprinted by the duly authorized official of the Commission or the Stewards and that my fingerprints may be used and transmitted for identification, investigative and record purposes by the Commission and custodians of fingerprint records. I do fully understand that further investigation may be conducted by the Commission and that the Commission reserves the right to revoke any licence issued on notice.

**Notice and Consent** - as required by the Freedom of Information and Protection of Privacy Act  
In conformity with the Racing Commission Act, in order to complete or verify the information provided on this form and to determine eligibility for licensing, it may be necessary for the Ontario Racing Commission (the "Commission") to collect and receive additional information from some or all of the following domestic and foreign sources: federal, provincial, state or municipal licensing bodies and police services, other law enforcement agencies, sheriff's offices, the Registrar of Bankruptcy, credit bureau, trust companies, banks, professional and industry associations, former and current employers, and any government Ministry or Agency. The Commission is required under the Freedom of Information and Protection of Privacy Act to protect the confidentiality of such information in its possession and control and to use the information only for purposes for which it is collected or for consistent purposes. A public official who can answer questions about the collection and disclosure of information is the Director of the Commission, at the address above.

\_\_\_\_ day / \_\_\_\_ month / \_\_\_\_ year

Signature of Applicant \_\_\_\_\_

**EMPLOYERS OF GROOMS, OCCUPATIONALS OR PARI MUTUELS**

If the applicant is not self-employed at the race track the following certificate must be signed by the employer. Failure to comply could result in action against the employer.

The applicant, \_\_\_\_\_

is gainfully employed by me at \_\_\_\_\_ Race Track.

Upon the employee's termination, I shall notify the Commission Agent as to when and why the employee left my employ. I shall also withhold all monies due to the employee until he/she surrenders his/her thoroughbred licence to me, which I will promptly deliver to the Commission Agent.

\_\_\_\_ day / \_\_\_\_ month / \_\_\_\_ year

\_\_\_\_\_  
Name of Employer at Race Track (please print)

\_\_\_\_\_  
Signature of Employer

<b>FOR COMMISSION USE ONLY</b>	Date Received			Receipt No.	Amount	Approved	Licence No.
	Day	Month	Year				