



Ontario
Racing
Commission

Suite 400
10 Carlson Court
Toronto, Ontario
M9W 6L2

20

**Application for Thoroughbred Licence
(Individual)**

HEAD OFFICE USE ONLY
ORC No.

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Fingerprinted

Expires
Month Year

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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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name	First Name	Name Normally Used	Middle Initial	Date of Birth Day Month Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address (number and street, rural route, P.O. Box, apt. number)		Area Code/Telephone Number	Citizenship	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
City, town or village		Area Code/Fax Number	Country of Birth	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Province or State	Postal Code	WSIB #	Car Driver's Licence or other form of I.D.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail Address				
<input type="text"/>				

Sex (X)

M

F

Type of employment at Track	Employer at Track
<input type="text"/>	<input type="text"/>
Type of employment off Track	Business Telephone Number
<input type="text"/>	<input type="text"/>
Contact in case of emergency	Telephone Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

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) Yes No

Do you have any charges pending in any jurisdiction? Yes No

If your answer is YES, TO ANY of the questions above, is it recorded on file with the O.R.C.? Yes No

Have you ever had a licence or registration certificate of any kind refused, denied, suspended or revoked in any jurisdiction? Yes No If no, give details of each conviction and/or ruling.

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

FOR COMMISSION USE ONLY	Date Received			Receipt No.	Amount	Approved	Licence No.
	Day	Month	Year				