



Utah Department of Agriculture and Food
Utah Horse Racing Commission
 4315 South 2700 West
 TSOB South Bldg, Floor 2
 Taylorsville, UT 84129-2128
 Phone 385-228-2268 Fax 385-465-6026
 Website: ag.utah.gov

| | |
|--|-------|
| Office Use Only | |
| License #: | _____ |
| Paid: \$ | _____ |
| <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Check (# _____) | |
| <input type="checkbox"/> Credit Card | |

Horse Racing License Application and Disclosure Form

License Type

- | | | |
|---|---|---|
| <input type="checkbox"/> 3001—Owner/Trainer (\$125) | <input type="checkbox"/> 3004—Assistant Trainer (\$75) | <input type="checkbox"/> 3009—Pony Rider (\$50) |
| <input type="checkbox"/> 3002—Owner (\$75) | <input type="checkbox"/> 3005—Jockey (\$25) | <input type="checkbox"/> 3012—Groom (\$25) |
| <input type="checkbox"/> 3003—Trainer (\$75) | <input type="checkbox"/> 3006—Veterinary Clinic (\$100) | <input type="checkbox"/> 3013—UQHRA (\$100) |

Are you a first time applicant for an Owner/Trainer, Trainer, or Assistant Trainer license? Yes No
If yes, you must submit proof that the required training has been done with this license application.

| | | | |
|-------------------------|-------|---------------|-------|
| Name: | _____ | | |
| Address: | _____ | | |
| City, State Zip: | _____ | | |
| Phone: | _____ | Email: | _____ |

Please acknowledge the below information:

- I am NOT Currently under suspension at any track.
- I understand Disorderly Conduct will not be tolerated.
- I have read and understand the Utah Racing Laws and will abide by all of these laws and racing regulations.
- I understand that medication/foreign substances, syringes, needles and unlawful contraband are not allowed.
- I understand that persons under 16 years of age are not allowed on track or paddock.
- I understand that damage or injuries incurred on the racing premise is not the responsibility of the State of Utah or its employees.
- I understand that the State of Utah is not responsible for lost or stolen items.
- I understand, and am aware, that being on or near any horse is INHERENTLY DANGEROUS.
- Replacement cost of issued License is \$15.
- I understand that Trainers are responsible for their employees and horses, which are listed under his/her care.

Applicant does hereby agree to abide by and be governed by all track rules at Commission sanctioned racetracks, and the rules and regulations of the State of Utah and the Utah Horse Racing Commission. The Commission reserves the right to cancel this license application at any time. Applicant does hereby release and discharge the State and the Commission from any liability, if any, from personal injury or property damage sustained from participation in sanctioned race meets. Applicant acknowledges that the State of Utah and the Utah Horse Racing Commission disclaims responsibility for payment of purses, or any funds, including horsemen's money. Accordingly, the State, Commission, it's officers, employees, agents and representatives, are hereby discharged from any liability for such items.

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|---|-------------|
| I certify, under penalty of perjury, that this information is true and correct. | |
| Signature: _____ | Date: _____ |

This application, a copy of a government issued ID, a clear photo for your license, and proof of required training (if applicable) must be submitted to UDAF-HorseRacing@utah.gov. Checks may be mailed to the address above. Credit cards can be used by calling (801) 982-2200.