Name of Applicant: ________________________________

IMPORTANT

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED
FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION

TYPE OF APPLICATION

1. Check (✓) the appropriate box or boxes to designate the purpose of this application. Attach your payment to the front of your application when it is completed.

The applicant is eligible for a license up to three consecutive years. Select the appropriate box or boxes for the number of years desired and submit with this application.

A. Owner License
   - 1 year fee ($30)
   - 2 year fee ($60)
   - 3 year fee ($90)

B. Trainer License
   - 1 year fee ($30)
   - 2 year fee ($60)
   - 3 year fee ($90)

C. Driver License
   - 1 year fee ($30)
   - 2 year fee ($60)
   - 3 year fee ($90)

D. Owner- Trainer License
   - 1 year fee ($60)
   - 2 year fee ($120)
   - 3 year fee ($180)

E. Owner- Driver License
   - 1 year fee ($60)
   - 2 year fee ($120)
   - 3 year fee ($180)

F. Trainer- Driver License
   - 1 year fee ($60)
   - 2 year fee ($120)
   - 3 year fee ($180)

G. Owner- Trainer - Driver License
   - 1 year fee ($90)
   - 2 year fee ($180)
   - 3 year fee ($270)

H. Badge
   - 1 year fee ($10)
   - 2 year fee ($20)
   - 3 year fee ($30)

Badges must be worn in plain view on outer clothing in all restricted areas at all times.

I. Trainer Only
   - General (G)
   - Limited (L)
   - Conditional (CD)

J. Driver Only
   - Full (F)
   - Provisional (P)
   - Conditional (C)
   - Qualifying (QU)

NAME AND ADDRESS

NAME: LAST - INCLUDE SR., JR., ETC., IF APPLICABLE
FIRST
MIDDLE

MAILING ADDRESS: NUMBER AND STREET
APT#
CITY
STATE
ZIP CODE

HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS
APT#
CITY
STATE
ZIP CODE

HOME TELEPHONE NUMBER
CELL TELEPHONE NUMBER
WORK TELEPHONE NUMBER
EMAIL ADDRESS

----------OFFICE USE ONLY----------
Date: ____________ License Year: _____________
License No.:_______________________________
Cash: _________  /  Check No.: ______________
Credit Card Amount: ________________________
Total Fees Received: ________________________
Reviewer :________________________________
□ New  □ Renewal  □ Complete

Form No. HR-2: Harness Owner Trainer Driver License 03-03-2017
# DESCRIBITVE INFORMATION

**DATE OF BIRTH:**

(M M) (D D) (YYYY)

**HEIGHT:** FT IN **WEIGHT:** LBS

**SOCIAL SECURITY NUMBER:**

**IMMIGRATION ID NUMBER (if applicable):**

**DRIVER LICENSE / STATE IDENTIFICATION NUMBER:**

**HAIR COLOR**

- BLACK
- BROWN
- BLONDE
- RED
- GRAY
- WHITE
- BALD

**EYE COLOR**

- BLACK
- BROWN
- BLUE
- HAZEL
- GRAY
- GREEN

**SEX**

- MALE
- FEMALE

**RACE**

- AMERICAN INDIAN / ALASKAN NATIVE
- HISPANIC
- ASIAN / PACIFIC ISLANDER
- BLACK / AFRICAN AMERICAN
- OTHER ________________________________________

**HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES?**

Yes □ No □

If yes, list the additional names below and specify dates of use for each.

(Include maiden name, aliases, nicknames, or any other name)

________________________________________________________________

**PLACE OF BIRTH:**

CITY/TOWN STATE/PROVINCE COUNTRY (other than US)

---

**MANUALLY AFFIX A COLOR 2" X 2" WITH A FULL-FACE, FRONT VIEW PHOTOGRAPH TAKEN WITHIN THE PAST 6 MONTHS.**

( IF ELECTRONIC FILING APPLICATION YOUR CREDENTIAL PICTURE WILL CREDIT 2.)

---

# CITIZENSHIP

2. **Are you a citizen of the United States?**

   Yes □ No □

3. **If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this form labeled as attachment to question 3.**

   **NOTICE TO APPLICANT:**

   If you answered "YES" to Question 2 and provided the attachment for Question 3, please continue on to Question 6.

4. **If you are not a citizen of the United States, please indicate:**

   A. The country of which you are a citizen: ____________________________

   B. Your place of birth: ______________________________________

   CITY STATE COUNTRY

   C. Your port of entry to the United States: ____________________________

   D. Name and address of your sponsor upon your arrival: ____________________________

   ____________________________________________________________

   ______________ Initials/Date: __________________________
5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as attachment to question 5.

USCIS “A” number: 

BUSINESS DESCRIPTION

6. Please provide your current U.S.T.A. License Number: 

7. If you are an Owner provide the name(s) of your Trainer(s): N/A □

<table>
<thead>
<tr>
<th>PRINT NAMES OF TRAINERS WHO CURRENTLY WORK FOR YOU</th>
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<tbody>
<tr>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 7.

8. Provide the place where your horses are stabled:

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<td>5.</td>
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<td>6.</td>
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</table>

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 8.

9. Do you race under a stable name: Yes □ No □ Name of Stable

NOTICE TO APPLICANT: If you answered "YES" to the above question "Do you race under a Stable Name" you will need to complete the attached document identified as "ITEM 1" Stable Name.

10. Provide the information below that makes you eligible for licensing: Provide a list of horses owned, solely or in part by you and all persons holding any interest, which will be entered to race.

<table>
<thead>
<tr>
<th>NAME OF HORSE: ___________________</th>
<th>AGE: ___</th>
<th>SEX: ___</th>
<th>DATE OF LAST START: ___</th>
<th>TRACK: ___</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>% of Shares</th>
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<tr>
<th>NAME OF HORSE: ___________________</th>
<th>AGE: ___</th>
<th>SEX: ___</th>
<th>DATE OF LAST START: ___</th>
<th>TRACK: ___</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Name of Owner</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>% of Shares</th>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 10.

Initials/Date: ___________________
The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

**DEFINITIONS:** For purposes of this question:

A. **Arrest** means being taken into custody by any police or other law enforcement authority.
B. **Charge** includes any indictment, complaint, information or other notice of the alleged commission of any “offense.”
C. **Conviction** includes the finding of guilty of any “offense” upon a trial or a plea of guilty. An adjudication of delinquency shall not be considered a conviction. Such a finding may, however, be considered for purposes of determining the suitability of an applicant.
D. **Crime or Offense** includes all felonies and misdemeanors.
E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending,

**INSTRUCTIONS:**

A. Please note, this is not an application for employment. Accordingly, you must answer all questions completely and may not omit information. Answer “yes” and provide all information to the best of your ability **EVEN IF**:

1. You did not commit the offense charged;
2. The charges were dismissed or subsequently downgraded to a lesser charge;
3. You completed a diversionary program or the equivalent thereof;
4. You were not convicted;
5. You did not serve any time in prison or jail;
6. The charges or offenses happened a long time ago.

B. Answer “no” **IF**:

1. You have never been arrested or charged with any crime or offense.
2. Records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

11. **Have you ever been arrested, charged and/or convicted of any crime or offense in any jurisdiction (including Massachusetts)?**

   - Yes □
   - No □
   - If you checked yes, complete the following chart:

<table>
<thead>
<tr>
<th>NATURE OF CHARGE OR OFFENSE</th>
<th>DATE OF CHARGE OR OFFENSE</th>
<th>NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED</th>
<th>DISPOSITION</th>
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   Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11**.

12. **A**. Are you presently on parole or probation?  Yes □
   - No □

   **B**. Have you ever had any permit or license of any type whatsoever denied, suspended, or revoked by any Federal, State, or City Agency?  Yes □
   - No □
   - If you checked yes to either question, complete the following chart:

<table>
<thead>
<tr>
<th>DATE FILED</th>
<th>JURISDICTION</th>
<th>DOCKET NUMBER</th>
<th>OTHER PARTIES TO THE LAWSUIT</th>
<th>NATURE OF THE LAWSUIT</th>
<th>DISPOSITION (IF APPLICABLE)</th>
<th>DATE OF DISPOSITION (IF APPLICABLE)</th>
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   Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12**.

Initials/Date: ____________________________
LICENSING HISTORY

13. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?
   Yes □  No □  If you checked yes, complete the following chart:

<table>
<thead>
<tr>
<th>YEAR OF LICENSURE</th>
<th>TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION</th>
</tr>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 13.

14. Do you have, or have you ever had a license from any other state?
   Yes □  No □  If you checked yes, complete the following chart:

<table>
<thead>
<tr>
<th>NAME</th>
<th>STATE</th>
<th>TYPE OF LICENSE</th>
<th>YEAR(S)</th>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 14.

15. Are you now or ever have been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participation in racing by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?
   Yes □  No □  If you checked yes, complete the following chart:

<table>
<thead>
<tr>
<th>DATE</th>
<th>STATE</th>
<th>TRACK</th>
<th>SPECIFIC VIOLATION</th>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 15.

16. Have you ever been assessed a fine of $500 or greater by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?
   Yes □  No □  If you checked yes, complete the following chart:

<table>
<thead>
<tr>
<th>DATE</th>
<th>STATE</th>
<th>TRACK</th>
<th>SPECIFIC VIOLATION</th>
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Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 16.

NOTICE TO TRAINER: All employers are required by the Commonwealth of Massachusetts to carry Workman’s Compensation Insurance on their employees per the Workers’ Compensation Act, M.G.L. c.152

Name of Company: ____________________________________________________________

Policy Number: ________________________________________________________ Expiration Date: ____________________________

Initials/Date: ____________________________
READ THE FOLLOWING STATEMENTS AND SIGN BELOW

STATEMENT OF TRUTH and CONSENT

I hereby state under the pains and penalties of perjury that:

1. The information contained herein and accompanies this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.
6. I hereby consent to fingerprinting, photographing and the supplying of handwriting exemplars as authorized by 205 CMR 134.07.

I understand if I have questions regarding this form, I should ask an employee of the Commission's Division of Licensing.

NOTICE TO APPLICANT:
The Bureau or Commission may decline to issue, deny suspend or revoke a license or registration if the individual has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application under M.G.L. c. 268, sec. 9A and 205 CMR 3.00, that contains false or misleading information; or committed prior acts which form a pattern of misconduct that makes the applicant unsuitable. In determining whether an applicant is suitable, the Bureau or Commission will evaluate and consider the overall reputation of the applicant including, without limitation, the individual’s integrity, honesty, good character and reputation, and whether the applicant has been convicted of a crime of moral turpitude.

SIGN UNDER THE PAINS AND PENALTIES OF PERJURY

License applied for Expires December 31st year of Issuance

Print Name of Applicant ____________________________  Signature of Applicant __________________
Date of Signature ____________________________

RELEASE AUTHORIZATION - INDIVIDUAL

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

I, ____________________________, authorize the Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the duration of the license.

A photocopy of this authorization will be considered as effective and valid as the original.

(Signature of Applicant)

(Type, Stamp or Print Name)

(Date)
□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge

□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge

□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge

Comments:

□ Approved     □ Denied

Mass. State Police
Reviewing Officer: ________________________________
Date: ____________________

Print Name of Steward / Judge

□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge

□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge

□ Approved     □ Denied

Signature of Steward / Judge  Date

Print Name of Steward / Judge