



Iowa Racing & Gaming Commission (IRGC)  
License Application – Racing

Iowa Racing & Gaming Commission  
1300 Des Moines St., Ste. 100  
Des Moines, IA 50309-5508

<b>Commission Use Only</b>			Reviewing Official: _____	Applicant's Position _____		
Outcome: I P D	Review Type: INI / REL	Date: _____	Date Licensed: _____	License Number: _____		
Category 1. _____	2. _____	3. _____	License Fee: _____	CA _____	IRS Fee: _____	DB _____
Type 1. _____	2. _____	3. _____	Fingerprint Fee: _____	CK _____		
Occurred 1. _____	2. _____	3. _____	Total: _____			
LA _____	BKG _____	FP Date: _____	State: _____	ID: _____	and _____	

*Please print legibly and use blue or black ink only.*

**1. IRGC License Fees** (mark appropriate box)  **999 Commission**

License Fees		
<input type="checkbox"/> 102 Vendor Employee (\$10-\$20)	<input type="checkbox"/> 109 Jockey Agent (\$10)	<input type="checkbox"/> 125 Vendor Equine (\$10)
<input type="checkbox"/> 103 Apprentice Jockey (\$10)	<input type="checkbox"/> 114 Pony Rider (\$10)	<input type="checkbox"/> 126 Starter (\$20)
<input type="checkbox"/> 104 Assistant Trainer (\$10)	<input type="checkbox"/> 115 Trainer (\$10)	<input type="checkbox"/> 127 Assistant Starter "C" (\$20)
<input type="checkbox"/> 105 Exercise Rider (\$10)	<input type="checkbox"/> 116 Practicing Veterinarian (\$20)	<input type="checkbox"/> 128 Owner/Trainer Equine (\$20)
<input type="checkbox"/> 106 Farrier (\$10)	<input type="checkbox"/> 121 Practicing Vet Asst (\$20)	<input type="checkbox"/> 208 Exercise/Pony Rider (\$20)
<input type="checkbox"/> 107 Groom/Hot Walker (\$10)	<input type="checkbox"/> 123 Owner Equine (\$10)	<input type="checkbox"/> 217 3 <sup>rd</sup> Party Lasix Vet (\$20)
<input type="checkbox"/> 108 Jockey (\$10)	<input type="checkbox"/> 124 Assistant Starter "O" (\$10)	<input type="checkbox"/> 902 Open Claim (\$10)

Disclosure of your social security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code Sections 252J.8(1) and 99D.8A

**2. Social Security No.** \_\_\_\_\_ **3. Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle (full name) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_ Aliases (if used) \_\_\_\_\_

**4. Have you ever used a name other than your current legal name or maiden name?**  Yes  No

**5. Marital Status** Married / Single **6. Spouse's name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

<b>7. Permanent Mailing Address</b> (where papers may be personally served)	<b>8. Current Local Address:</b> (P.O. Box address allowed)
Number and Street or Rural Route _____	Number and Street or Rural Route _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

**9. E-mail Address** \_\_\_\_\_

**10. Primary Phone:** ( ) - - **11. Birth date** (MM/DD/YY) \_\_\_\_\_ **12. Place of Birth** (City and State; List country if other than U.S.) \_\_\_\_\_ **13. U.S. Citizen?** Yes / No

**14. Physical Description:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Racial/Ethnic Group \_\_\_\_\_

**15. Occupational Licensing Questions:**

A	Have you <b>ever</b> been convicted, pled "guilty" or "no contest" to <b>any</b> criminal offense other than a minor traffic violation? (This includes adjudications of delinquency & military convictions, including summary court-martials.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Have you <b>ever</b> received any type of a deferred judgment, diversion or suspended sentence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Do you have any charges pending against you on <b>any</b> criminal offense (felony <u>or</u> misdemeanor?) other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Do you have any <b>overdue</b> income taxes, fines, court ordered legal obligations or judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Have you <b>ever</b> had your driver's license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	Have you or your spouse <b>ever</b> been fined, suspended, or denied a license by a gaming or racing authority? (List suspensions of 10 days or more and fines of \$500 or more within the last five years or since last licensed in Iowa.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Have you <b>ever</b> been expelled, ejected, or denied privileges at any racetrack or gaming facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	Have you <b>ever</b> been convicted of a gambling related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I	Have you <b>ever</b> been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**16. Provide an explanation for each question in item 15 that was marked "Yes" (continue on a blank sheet of paper if needed).**

Date (Mo/Yr)	County (if known)	State	Type of Offense (i.e. OWI, theft, etc.)	Category (i.e. simple, serious, or aggravated misdemeanor; or felony)	Disposition (fine, paid, jail, community service, etc.)

**17.** Do you have any history of mental illness or repeated acts of violence?  Yes  No

**18.** Do you have an addiction to alcohol or a controlled substance?  Yes  No

19. Have you, or are you licensed by any racing or gaming commission/authority? Yes / No If yes, please complete the following:

State: \_\_\_\_\_ Position held: \_\_\_\_\_ Year(s) \_\_\_\_\_

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20. Last U.S. state where you were fingerprinted: \_\_\_\_\_ Month/Year: \_\_\_\_\_ / \_\_\_\_\_

21. **Racing animal owners only:** List name(s) of horses you plan to race in Iowa that are owned wholly or in part, or leased by you. If leased, add a capital "L" beside the name of the horse.

Do you race under a stable name, corporation or partnership?  Yes  No Name \_\_\_\_\_

Name of horse(s)	Age	Other Owners	Your Share (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Trainer's Name (Required)**

22. **Trainers Only:** Provide the following owner information (owners for whom you are training). Number of

Owner	Address	horses:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certification Statement:** I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I agree to promptly inform the Iowa Racing and Gaming Commission (Commission) of ALL changes or updates to the information I have provided on this form, including any future criminal convictions/pending charges.

I hereby make application for a license to participate in racing and/or gaming to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. I understand that an investigative report may be conducted by FBI, DCI or a background company. I understand this license is conditional until completion of background investigations. I further understand that the background report may include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics. For information on obtaining a copy of the FBI identity summary go to <https://www.edo.cjis.gov> and follow the steps under "Obtaining Your Identity History Summary" section.

**§99D.8A(4), 99E.4(6), and 99F.6(6) of the Code of Iowa: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor."**

I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, suspension, denial, or revocation of this license. It is my intent to authorize for the purpose of licensing the release and dissemination of any Iowa and /or national criminal history record that may pertain to me. I also acknowledge that the Commission has notified me of and that I understand my privacy rights as a noncriminal justice applicant.

Employer's Printed Name \_\_\_\_\_ Interpreter's Signature (if applicable) \_\_\_\_\_

Employer's Signature (authorized signature) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the licensing application and fingerprints (if required) to:  
Iowa Racing and Gaming Commission  
Licensing Office  
One Prairie Meadows Drive  
Altoona, IA 50009-0901

For questions, call 515-967-1260 or [pm.licensing@iowa.gov](mailto:pm.licensing@iowa.gov)