



Racing License Application

Nebraska Racing and Gaming Commission

3401 Village Drive, Suite 100, Lincoln, Nebraska 68516
 nrgc.nebraska.gov
 (402) 471-4155



| License Fees | | | Type of License | | | | *Employer's Signature Required | | |
|--------------|------|-------|--|-----------------------|---------------------------|------------------|--------------------------------|-----------------------|----------------|
| \$45 | | | A fingerprint processing fee is required for all applicants between the ages of 16 and 75. Initial applicants must provide a fingerprint card that is no more than one year old and thereafter provide fingerprints every 5 years. <Exempt from fingerprint requirement> | | | | | | |
| \$25 | \$50 | \$100 | Concession Operator | Practice Veterinarian | | Photo Finish | | Track Photographer | |
| \$50 | | | Apprentice Jockey | Jockey | Owner/Trainer Combination | | Stable Name | | Veterinarian |
| \$40 | | | Assistant Trainer* | | Stable Foreman* | | | Trainer | |
| \$30 | | | Bookkeeper | Custodian | Exercise Rider | Official | Owner | Pony Person/Outrider* | Plater Valet |
| \$25 | | | Jockey Agent* | | | | | | |
| \$20 | | | Assistant Starter* | | Mutual Employee* | | | Veterinary Assistant | |
| \$15 | | | <Admissions Employee>* | Authorized Agent | <Concession Employee>* | Groom/Hotwalker* | Partnership | Security Guard* | |
| \$10 | | | Family Pass | | | | | | |
| \$5 | | | Duplicate Badge | | | | | | |

| Personal Information | | | | | | | |
|----------------------|------|------------|------------------------|-------------|-------------------------|--------------|---------------|
| Last Name | | First Name | | Middle Name | | Phone Number | |
| Address | | | | | | | |
| Street | | | City | | State | | Zip |
| Email | | | Social Security Number | | Driver's License Number | | State Issued |
| Sex | Race | Height | Weight | Eye Color | Hair Color | | Date of Birth |

| Emergency Contact Information | | | | | | | |
|-------------------------------|--|------------|-------|-------------|-------|--------------|------|
| Last Name | | First Name | | Middle Name | | Phone Number | |
| Address | | | | | | | |
| Street | | | City | | State | | Zip |
| Prior Racing License | | | | | | | |
| Type | | | State | | | | Year |
| Type | | | State | | | | Year |

| Racing Ruling/Criminal History | | | | | | | |
|--|--|--|--|--|--|---|--------|
| *Please complete questions 1-5 include dates, type of charges, and amount of fines | | | | | | *Additional pages are available for explanation | |
| 1. Have you been convicted of any criminal offense- felony and/or misdemeanor within the last 5 years excluding minor traffic violations? (Ex. Speeding Violations) | | | | | | | YES NO |
| Explain: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. Are charges pending against you on any criminal offense- felony and/or misdemeanor excluding minor traffic violations within your lifetime? (Ex. Speeding Violations) | | | | | | | YES NO |
| Explain: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. Have you ever been convicted of any alcohol and/or drug related offenses within the last 10 years? | | | | | | | YES NO |
| Explain: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | |
|--|-------------------------------|--------------------------------|
| 4. Have you been fined, suspended, or denied a license by ANY racing commission and/or ANY board of stewards at a racetrack within your lifetime? | YES | NO |
| Explain: | | |
| | | |
| | | |
| | | |
| 5. Have you ever been expelled, ejected, and/or denied privileges at ANY racetrack within your lifetime? | YES | NO |
| Explain: | | |
| | | |
| | | |
| | | |
| List All Owner(s) & Trainer(s) Currently Working With | | |
| | | |
| | | |
| | | |
| List All Names of Horses Planned to Race in Nebraska This Year | Will you be claiming a horse? | YES NO |
| | | |
| | | |
| Minor Responsibility | | |
| I, _____ am currently licensed with the Nebraska Racing and Gaming Commission under badge #: _____ and I am the parent/legal guardian of the underage applicant. | | |
| <ul style="list-style-type: none"> I understand I am financially and legally responsible for the underage applicant. | | |
| Parent/Legal Guardian Signature: _____ | | |
| Affidavit Verifying Lawful Presence in the United States | | |
| <input type="checkbox"/> I am a United States Citizen | | |
| <input type="checkbox"/> I am not a citizen of the United States and will not be physically present in the United States during the time of my licensure. | | |
| <input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number _____ and I hereby agree to provide a copy of my USCIS documentation as required to be licensed in Nebraska. | | |
| <ul style="list-style-type: none"> I understand this information may be used to verify my lawful presence in the United States. I hereby certify the information provided on this application (front and back) is true and correct to the best of my knowledge. I hereby consent the review of any law enforcement records or reports concerning myself by representatives of the NRGCC. I understand that failure to provide true and complete information, or failure to comply Title 294 of the Nebraska Rules and Regulations may result in denial, suspension, or revocation of this license. I understand as a license that I must disclose to the stewards and the commission any denials, suspensions, or revocations from any other jurisdiction while my Nebraska license is in effect. | | |
| *I understand I must disclose this information no later than 72 hours after the ruling has been issued. | | |
| Employer Print Full Name: _____ | | |
| Employer Signature: _____ Date: _____ | | |
| Applicant Signature: _____ Date: _____ | | |
| Commission Office Use Only | Steward Use Only | Investigations Use only |
| Total Amount: | Name: | Name: |
| <input type="checkbox"/> Credit Card | Date: | Badge #: |
| <input type="checkbox"/> Check | Approved: | Date: |
| <input type="checkbox"/> Money Order | | |
| <input type="checkbox"/> Invoice | | |
| Fingerprint Date: | YES | NO |
| Approved By: | | Outcome: |