



**Racing License Application**  
 Nebraska Racing and Gaming Commission  
 3401 Village Drive, Suite 100, Lincoln, Nebraska 68516  
 nrgc.nebraska.gov \* (402) 471-4155

| Type of License          |                         |                          |                             |                          |                                      |  |  |  |  |
|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|--------------------------------------|--|--|--|--|
| <input type="checkbox"/> | Admission Employee      | <input type="checkbox"/> | Horsemen's Bookkeeper       | <input type="checkbox"/> | Outrider/Pony Person                 |  |  |  |  |
| <input type="checkbox"/> | Announcer               | <input type="checkbox"/> | Jockey                      | <input type="checkbox"/> | Plater (horseshoer)                  |  |  |  |  |
| <input type="checkbox"/> | Association Employee    | <input type="checkbox"/> | Jockey Agent                | <input type="checkbox"/> | Security Guard                       |  |  |  |  |
| <input type="checkbox"/> | Apprentice Jockey       | <input type="checkbox"/> | Mutuel Employee             | <input type="checkbox"/> | Trainer                              |  |  |  |  |
| <input type="checkbox"/> | Assistant Starter       | <input type="checkbox"/> | Official                    | <input type="checkbox"/> | Valet                                |  |  |  |  |
| <input type="checkbox"/> | Assistant Trainer       | <input type="checkbox"/> | Owner                       | <input type="checkbox"/> | Veterinarian (Official)              |  |  |  |  |
| <input type="checkbox"/> | Custodian (Jockey Room) | <input type="checkbox"/> | Owner/Trainer               | <input type="checkbox"/> | Veterinary Assistant                 |  |  |  |  |
| <input type="checkbox"/> | Exercise Rider          | <input type="checkbox"/> | Owner/Assistant Trainer     | <input type="checkbox"/> | Video/Photo Finish Employee          |  |  |  |  |
| <input type="checkbox"/> | Groom (Hot Walker)      | <input type="checkbox"/> | Owner to Trainer Conversion | <input type="checkbox"/> | Wagering System Employee (*Operator) |  |  |  |  |

  

| Personal Information |      |                        |        |                         |            |                              |  |
|----------------------|------|------------------------|--------|-------------------------|------------|------------------------------|--|
| Last Name            |      | First Name             |        | Middle Name             |            | Phone Number                 |  |
| Street Address       |      | City                   |        | State                   | Zip        | Place of Birth (City, State) |  |
| 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 |  |
| Street                        |  | City       |  | State       |  | Zip          |  |

  

| Prior Racing License |       |      |
|----------------------|-------|------|
| Type                 | State | Year |
| Type                 | State | Year |

  

| Racing Ruling/Criminal History                                                                                                                                   |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>*Please complete questions 1-5; include dates, type of charges, and fine amounts.      *Additional pages are available for explanation</b>                    |                              |                             |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| If YES, explain.                                                                                                                                                 |                              |                             |
|                                                                                                                                                                  |                              |                             |
|                                                                                                                                                                  |                              |                             |
|                                                                                                                                                                  |                              |                             |
| Are charges pending against you on any criminal offense- felony and/or misdemeanor excluding minor traffic violations? (Ex. Speeding Violations)                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If YES, explain.                                                                                                                                                 |                              |                             |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------|
| Have you ever been convicted of any alcohol and/or drug related offenses within the last 10 years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | YES <input type="checkbox"/>         | NO <input type="checkbox"/>                              |
| If YES, explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                      |                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
| Have you ever been fined, suspended, or denied a license by ANY racing commission and/or ANY board of stewards at a racetrack within your lifetime?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | YES <input type="checkbox"/>         | NO <input type="checkbox"/>                              |
| If YES, explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                      |                                                          |
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| Have you ever been expelled, ejected, and/or denied privileges at ANY racetrack within your lifetime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | YES <input type="checkbox"/>         | NO <input type="checkbox"/>                              |
| If YES, explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                      |                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
| <b>List All Owner(s) &amp; Trainer(s) Currently Working With</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                      |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
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| <b>List all Names of Horses Planned to Race in Nebraska This Year:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | <b>Will you be claiming a horse?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
| <b>Affidavit Verifying Lawful Presence in the United States</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                      |                                                          |
| <input type="checkbox"/> I am a United States Citizen<br><br><input type="checkbox"/> I am not citizen of the United States and will not be physically present in the United States during the time of my licensure<br><br><input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                      |                                                          |
| I hereby agree to provide a copy of my USCIS documentation as required to be licensed in Nebraska.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                      |                                                          |
| <ul style="list-style-type: none"> <li>I understand this information may be used to verify my lawful presence in the United States.</li> <li>I hereby certify the information provided in this application is true and correct to the best of my knowledge.</li> <li>I consent to the review of any law enforcement records or reports concerning myself by representatives of NRGC.</li> <li>I understand that failure to provide true and complete information, or failure to comply with Title 294 of the Nebraska Rules and Regulations may result in denial, suspension, or revocation of this license.</li> <li>I understand that as a licensee, I must disclose the stewards and the commission any denials, suspensions, or revocations from any other jurisdiction while my Nebraska license is in effect.</li> </ul> |                                                                    |                                      |                                                          |
| Employer 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 <input type="checkbox"/> Check<br><br><input type="checkbox"/> Money Order <input type="checkbox"/> Invoice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                              | Badge #:                             |                                                          |
| Fingerprint Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date:                                |                                                          |
| Approved By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | Outcome:                             |                                                          |