AUTHORIZED AGENT

If there is more than one owner of a horse then an Authorized Agent must be appointed, with all partners signing the Authorized Agent form.

If you want someone to act on your behalf, even if you do not have partners, then you can appoint an Authorized Agent to do so.

The Authorized Agent licensing requires a 2 part form:

Whoever will act as the Authorized Agent will complete the form marked "Thoroughbred License" at the top.

Whoever is appointing the Agent to act on their behalf must sign twice, once below each paragraph, on the form marked Authorized Agent at the top. This form must be notorized.

If there is more than one partner then each person signs the form twice.

If you have any questions please call the License Clerk at (304) 387-8525.

HOME TELEPHONE NO.		-		
WEST VIRGINIA RACING COMMISSION (Track where you are racing)				
AUTHORIZ	ED AGE	ENT		
	·		, 20	
\$10.00 Fe	e, Annually			
To West Virginia Racing Commis	sion:			
I have this day appointed				
Na Na	me			
Street	City	State	Zip	
to act as AGENT for me for the year 20 my horses under the Rules of Racing, as add Commission. Permission is hereby granted to form.	opted by the V	Vest Virginia Racir	ng	
Owner		Owner		
Owner		Owner		
I further constitute, appoint and empower to lawful attorney for me and in my name, place payable to me from the association racing under the payment of more by me; and to direct the transfer of any fundamental sections associations under the jurisdiction of the Westerness and the section of the Westerness and	e and stead to nder the juris neys due me fi ds standing to	endorse checks diction of the We rom stakes of pur my credit with th	made st Virginia ses earned se racing	
Owner		Öwner		

Owner

ORIGINAL (Please Check)

RENEWAL

NOTARY PUBLIC

THOROUGHBRED LICENSE APPLICATION

						LICENSE NO.			
Name .		(Print nam	e in full)			APPROVED	(Leave Blank)		
SOCIAL	SECURI	TY NO							
DATE (F BIRTH				A				
номе	TELEPH(NE NUMBER		Fee	\$	- 			
						West Virginia Rac			
						PLACE OF BIRTH	U. S. CITIZEN		
SEX	AGE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	PLACE OF BIRTH	U. S. CITIZEIV		
	1								
Permar	nent Addı	ress(STREET		(CITY)	(S	TATE)	(ZIP)		
Present	t Address	5 <u></u>		E	mployer				
		authorized agent				as agent for, includ	ing yourself, if it		
Where	have you	most recently be	en licensed?						
S	States	Years	A	\S	States	Years	AS		
Has an	indictme	ent or information ase, sale, use or p	been returned	or complaint be	een made against State when and w	you by the United S here-if matter dispo	states or any State osed of, and how		
Have y	ou ever t	peen tested for dr	ugs? If so, giv	e detail					
		non avented as	و طفند المحمود		- h ffi i - l - h				
_		s	_			?			
correc	tly set for	th, and I do heret	by assert and ag	gree, as a condi	ffirm that every station precedent to spended, or withdo	atement contained the receiving of said	therein is true and d license, that the		
l aut my eli	thorize th	ne West Virginia R r a license as per	acing Commist the West Virgin	sion or it's desig nia Rules of Rac	nated agent to inve ing.	estigate my backgro	ound to determine		
any pe	ersonal re	cords, medical re	cords, educati	onal records, ci	care institution or redit history record rit's authorized a	r law enforcement a ds, criminal history gent.	agency to release records, or other		
Sworn	to before	me this			,A1A	NATURE OF ACTION			
		day of		20	(SIG	NATURE OF APPLICANT)			
		ay or		. , 20					

(SEAL)