

Email to: [VRCLicense@vrc.virginia.gov](mailto:VRCLicense@vrc.virginia.gov) or  
Mail to: Virginia Racing Commission  
10700 Horsemens Road  
New Kent, VA 23124

**VIRGINIA RACING COMMISSION**  
**APPLICATION FOR PERMIT**  
(Pursuant to Va. Code § 59.1-389 and 11VAC10-60)

Type or print all answers clearly in the spaces provided. You must submit (1) a valid photo identification for identify verification, and (2) a recent photo in JPEG format for your permit.

☐ Initial Application ☐ Renewal Application

**Applicant's Legal Name:** \_\_\_\_\_  
Last Name First Name Middle Name Jr., Sr. etc. Nickname/Maiden Name

**Permanent Mailing Address:** \_\_\_\_\_  
(for service of process) Street Address City State Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

**Cell Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ (state/country) **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**FEIN/Social Security # (last 4 digits):** \_\_\_\_\_

**Citizenship:** ☐ U.S. ☐ Non-U.S. (Country: \_\_\_\_\_) **Immigration ID # and Expiration Date:** \_\_\_\_\_

**Race** \_\_\_\_\_ **Gender:** ☐ M ☐ F **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair Color** \_\_\_\_\_

If Applicant is married, please furnish the full name and date of birth of your spouse:

\_\_\_\_\_  
Last Name First Name Middle Name Jr., Sr. etc. Month/Day/Year

**LICENSEE OR COMMISSION (check all that apply):**

☐ Colonial Downs Employee ☐ Buckets OTB ☐ Rosie's – Collinsville ☐ Rosie's – Emporia ☐ Rosie's – Hampton  
☐ Rosie's – New Kent ☐ Rosie's – Richmond ☐ Rosie's – Vinton ☐ The Rose ☐ Roseshire  
☐ Gold Cup Employee ☐ Shenandoah Employee ☐ VEA Employee ☐ Vendor \_\_\_\_\_ ☐ VRC

**Occupation/Role (check all that apply):**

☐ HHR Accounting/Cage ☐ Gate Crew ☐ Accounting/Wagering Auditor ☐ Stewards (VRC)  
☐ HHR Administrative/Office ☐ Mutuel Clerk/Teller ☐ Administrative/Office Staff ☐ Veterinarian (VRC)  
☐ HHR Compliance/Surveillance ☐ Outrider ☐ Cashier/Ticket Seller ☐ Veterinarian Tech (VRC)  
☐ HHR Gaming Attendant ☐ Paddock Blacksmith ☐ Food and Beverage Service ☐ Commission Staff  
☐ HHR Security ☐ Racing Office ☐ Janitorial/Sanitation ☐ Commissioner  
☐ HHR Technician/Maintenance ☐ Stable Area/Gate Security ☐ Pari-Mutuel Manager ☐ Executive Secretary  
☐ HHR Food & Beverage Service ☐ Track Maintenance/Equipment ☐ Other: \_\_\_\_\_  
☐ HHR Housekeeping ☐ Valet

**EMPLOYER VERIFICATION FOR LICENSEE EMPLOYEES:**

I confirm that the applicant identified below has applied for employment with this organization and is under consideration for a position that requires a Virginia Racing Commission permit.

HR/Supervisor's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**HORSEMAN PARTICIPANTS - Which Race Meet (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Colonial Downs (spring)   | <input type="checkbox"/> Colonial Downs (summer) |
| <input type="checkbox"/> Gold Cup (spring)         | <input type="checkbox"/> Gold Cup (fall)         |
| <input type="checkbox"/> Shenandoah Downs (spring) | <input type="checkbox"/> Shenandoah Downs (fall) |

**Occupation/Role (check all that apply):**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Owner                          | <input type="checkbox"/> Trainer-Driver       | <input type="checkbox"/> Apprentice Jockey  | <input type="checkbox"/> Exercise Rider              |
| <input type="checkbox"/> Stable/LLC/Estate (Name) _____ | <input type="checkbox"/> Owner-Driver         | <input type="checkbox"/> Farrier/Blacksmith | <input type="checkbox"/> Veterinarian Tech/Assistant |
| <input type="checkbox"/> Trainer                        | <input type="checkbox"/> Owner-Trainer-Driver | <input type="checkbox"/> Veterinarian       | <input type="checkbox"/> Pony Person                 |
| <input type="checkbox"/> Assistant Trainer              | <input type="checkbox"/> Driver               | <input type="checkbox"/> Rider              | <input type="checkbox"/> Jockey Agent                |
| <input type="checkbox"/> Owner-Trainer                  | <input type="checkbox"/> Jockey               | <input type="checkbox"/> Groom/Hotwalker    | <input type="checkbox"/> Other: _____                |

**QUALIFICATIONS AND EXPERIENCE<sup>1</sup>**

Horseman list your professional experience relevant to the position applied for: \_\_\_\_\_

**If you are requesting a groom's license, the trainer you work for must sign the application:**

Employer's Name Printed _____	Employer's Signature _____	Date _____
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**BACKGROUND INFORMATION:** Please answer each question truthfully. Attach additional sheets if necessary. **False or misleading information may result in denial or revocation of a permit** (*Va. Code § 59.1-389(B)(1)*). *It is the sole responsibility of the permit holder to report within ten (10) days to the Virginia Racing Commission any arrest, charge, or conviction while holding a permit.*

- Have you ever had a permit, license, or credential related to horse racing in Virginia or any other jurisdiction **denied, suspended, or revoked**?  
☐ Yes ☐ No If yes, specify: \_\_\_\_\_
- Have you or your spouse ever been fined over \$100 or is there presently a complaint or ruling pending against you or your spouse in any jurisdiction?  
☐ Yes ☐ No If yes, specify: \_\_\_\_\_
- Have you been **fingerprinted** and undergone a **criminal background check** in another racing jurisdiction within the past five years?  
☐ Yes ☐ No Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_
- Do you currently hold a valid **racing-related license or permit** in another jurisdiction?  
☐ Yes ☐ No If yes, list jurisdiction and expiration date: \_\_\_\_\_
- Have you ever refused to submit to a **search, inspection, or drug/alcohol test** required by a racing authority?  
☐ Yes ☐ No If yes, describe: \_\_\_\_\_
- Are any criminal charges or complaints pending against you, including driving under the influence or reckless driving?  
☐ Yes ☐ No Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_
- Have you **pleaded no contest, been found guilty, convicted, or fined for three or more misdemeanors within the last five years**, regardless of offense?  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_
- Have you ever been **convicted of a felony** or a **crime involving wagering, bribery, fraud, drugs, fraudulent use of a credential, or unlawful transmission of information** within the last five years?  
☐ Yes ☐ No If yes, list offenses, jurisdictions, and dates: \_\_\_\_\_
- Have you ever been found guilty of or admitted to any **corrupt or fraudulent practice** in connection with horse racing?  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_
- Have you ever pleaded guilty or no contest, been found guilty, convicted, or fined for any **violent offenses, including but not limited to murder, rape, forcible sodomy, assault/maiming; or crimes against nature**; or burglary offenses; or arson offenses?  
☐ Yes ☐ No Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Owners, trainers, and minors proceed to page 3. All others proceed to page 4

**OWNERS – PLEASE PROVIDE THE FOLLOWING INFORMATION (11VAC10-60-40)**

Who is your trainer who holds a Virginia Racing Commission permit for this entry? \_\_\_\_\_

Do you currently lease any racehorse? ☐ Yes (Copy of Lease agreement must be on file with the Stewards at the time of application) ☐ No

How is the ownership listed on the official race program? \_\_\_\_\_

Do you intend to register an authorized agent? ☐ Yes ☐ No If yes, name: \_\_\_\_\_

Name of person designated to act for the entity in all racing matters \_\_\_\_\_

Do you race under a stable/LLC/estate name or any other names? ☐ Yes ☐ No If yes, name: \_\_\_\_\_

List the names of **ALL HORSES** you plan to race in Virginia and the names of any owners, partners, etc. with a five (5%) percent or more share in the stable/LLC/estate/horse (All owners with a 5% or more interest must apply for a permit)

Name of Horse(s)	Name(s) of owners, partners, etc. (LAST NAME, FIRST NAME, MI)	% Owned

**COLORS REGISTRATION (11VAC10-60-40(J))**

Jacket Color \_\_\_\_\_

Additional Jacket Color \_\_\_\_\_

Sleeves Color \_\_\_\_\_

Collar Color \_\_\_\_\_

Cap Color \_\_\_\_\_

**TRAINERS – PLEASE PROVIDE THE FOLLOWING INFORMATION**

List the names of owners you are training for in Virginia (attach additional pages if necessary):

Name(s) of Owner (LAST NAME, FIRST NAME, MI)	CITY, STATE, ZIP CODE, COUNTRY

List the names of grooms working for you in Virginia (attach additional pages if necessary):

\*Trainers shall register with the VRC all persons in his/her employment and insure that they apply for VRC permits within 24 hours after arriving at the racetrack or are employed.

Name(s) of Groom (LAST NAME, FIRST NAME, MI)	CITY, STATE, ZIP CODE, COUNTRY

USTA # \_\_\_\_\_

HISA # \_\_\_\_\_

**UNDER 18 YEARS OF AGE (if applicable)**

By signing, I give my permission for licensure of this minor and assume full responsibility, including financial responsibility, for such licensure.

Signature of parent/legal guardian: \_\_\_\_\_

Relation: \_\_\_\_\_

## CONSENTS AND ACKNOWLEDGMENTS

By signing this application, I hereby:

1. Certify that all information provided is true, complete, and accurate.
2. Understand this permit is **conditional** until completion of a background investigation and compliance with all applicable regulations (11VAC10-60-10(A)-(E)).
3. Consent to fingerprinting, background investigation, and verification of my criminal history as required by the Commission pursuant to *Va. Code* § 59.1-389 and 11VAC10-60-10(D) and (E).
4. Agree that my permit will be considered invalid at any time for misstatements or omissions in this application pursuant to *Va. Code* § 59.1-389.
5. Acknowledge that I am subject to the jurisdiction and authority of the Virginia Racing Commission and its Stewards for the duration of my permit pursuant to *Va. Code* § 59.1-387.
6. Understand that this permit, if issued, is not transferable and valid for one year or until termination of employment with the licensee or permit holder pursuant to *Va. Code* § 59.1-389(A) and 11VAC10-60-10(A).
7. Consent to inspections, searches, and seizures of any prohibited items as authorized by 11VAC10-60-10(R), including their person, personal property, and any areas under their possession, care, or control.
8. Consent to Commission personnel entering buildings, stables, rooms, vehicles, trailers, or other places within the enclosure to examine them, and to inspect and examine my personal property and effects as authorized by 11VAC10-60-10(R).
9. Acknowledge that I may be required to undergo drug or alcohol testing in accordance with 11VAC10-60-10(U) and (V).
10. Understand that failure to report violations, disorderly conduct, use of another's permit, or refusal to comply with Commission rules or inspections, searches, and seizures may result in disciplinary action, including suspension or revocation, and may lead to being denied entry to all restricted areas under the jurisdiction of the Virginia Racing Commission (*see* 11VAC10-60-10).
11. Acknowledge that the Commission shall deny my application and refuse to issue me a permit if it finds that the issuance of my permit would not be in the interests of the people of the Commonwealth, or the horse racing industry of the Commonwealth, or would reflect on the honesty and integrity of the horse racing industry in the Commonwealth or if I am unqualified to perform the duties required for the permit sought pursuant to *Va. Code* § 59.1-389(B).
12. Understand that the Commission may refuse to issue the permit if for any reason it feels the granting of such permit is not consistent with the provisions of *Va. Code* § 59.1-389 or its responsibilities thereunder (*see Va. Code* § 59.1-389(D)).
13. Affirm that I have read and am knowledgeable of all Commission regulations applicable to my role as required by 11VAC10-60-10(J)).
14. I agree to promptly inform the VRC of all changes or updates to this information, including any future criminal charges occurring after the date of this application.

## SIGNATURE AND VERIFICATION

I, the undersigned applicant, swear or affirm that I am the person named herein and that the information provided is true and complete.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## COMMISSION USE ONLY

**Application Received Date:** \_\_\_\_\_ **Fee Received Date:** \_\_\_\_\_

**Interviewed (if necessary):** \_\_\_\_\_ **Photo taken/received:** ☐ Yes ☐ No

**Fingerprinting:** ☐ Live Scan ☐ FPCM ☐ Age Exempt ☐ Renewal ☐ Reciprocity

**Reviewed By:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Drafted: 11/6/2025