



Maine State Harness Racing Commission
 28 State House Station
 Augusta, Maine 04333-0028
 Phone: 207-287-3221 Fax: 207-287-5576



GROOM LICENSE APPLICATION

PHOTO REQUIRED

Applications must be printed or typed in blue or black ink. All questions must be answered.

| Section 1. Applicant Information | | Check the TYPE of Request: | | New | Renewal |
|----------------------------------|--|----------------------------|---------|----------------|---------|
| Applicant Name: | | | | Date of Birth: | |
| Mail Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone: | | Fax: | | | |
| Work Phone: | | Email: | | | |
| Gender: | | Hair Color: | | Eye Color: | |
| | | | Height: | | Weight: |

Answer Y (Yes) or N (No) and provide corresponding detail where appropriate:

1. Have you ever been suspended or otherwise barred by any recognized racing authority and/or racetrack in the U.S. or elsewhere?
 If YES, where? _____
2. Have you been indicted or convicted of a crime or has a criminal complaint been filed against you?
 Where (State)? _____ Date: _____ Attach appropriate paperwork.

APPLICATIONS WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.

| Section 2: Employer Information (to be completed by Owner or Trainer of Applicant) | | | | | | |
|--|--|------|--|--------|--|--|
| Employer Name: | | | | | | |
| Mailing Address: | | | | City: | | |
| State: | | Zip: | | Phone: | | |
| Fax: | | | | Email: | | |

I herby certify that _____ will be employed by me in the capacity of groom. I further certify
 Applicant Name

that I hold a valid Maine Owner and/or Trainer License # _____. I understand that false statements in this certification are punishable according to law.

I hereby authorize the Maine Harness Racing Commission and its agents to investigate all aspects of this application with all appropriate agencies. I swear or affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

| | |
|-----------------------------|------------------------------|
| _____ Employer Signature | _____ Applicant Signature |
| _____ Date Signed | _____ Date Signed |

Section 3: Fees

\$20 for One-Year License Please make checks payable to: **Treasurer, State of Maine**

NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

| OFFICE USE ONLY | | | | | |
|------------------|----------|----------|----------|------------------|------|
| Date Received: | | | | Check #: | |
| Application: | Approved | Rejected | Returned | Cash Receipt #: | |
| Current License: | | | | Credit Card #: | |
| Comments: | | | | Credit Type: | MC |
| | | | | Expiration Date: | VISA |