



**Maine State Harness Racing Commission**  
 28 State House Station  
 Augusta, Maine 04333-0028  
 Phone: 207-287-3221 Fax: 207-287-7548



**OWNER DRIVER TRAINER LICENSE APPLICATION**

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

|   |             |                    |                        |
|---|-------------|--------------------|------------------------|
| <b>Check the TYPE of Request:</b>       |             | <b>New License</b> | <b>License Renewal</b> |
| <b>Section 1. Applicant Information</b> |             |                    |                        |
| USTA Membership No.:                    |             | Driver Type:       | A F P Q V              |
| MSHRC License No.:                      |             | Trainer Type:      | G L                    |
| Applicant Name:                         |             | Date of Birth:     |                        |
| Mailing Address:                        |             |                    |                        |
| City:                                   | State:      | Zip:               |                        |
| Home Phone:                             | Cell:       |                    |                        |
| Work Phone:                             | Email:      |                    |                        |
| Gender:                                 | Hair Color: | Eye Color:         | Height: Weight:        |

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

- 1. Pursuant to MSHRC Rule Chapter 1 Section 10, subsection 1-A, do you have the financial ability to pay all bills incurred by you within the State of Maine in the care and maintenance of horses owned and/or trained by you?
- 2. Are you licensed in another state(s)? If YES, where? \_\_\_\_\_
- 3. 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? \_\_\_\_\_
- 4. Have you been indicted or convicted of a crime or has a criminal complaint been filed against you?  
Where (State)? \_\_\_\_\_ Date: \_\_\_\_\_ Attach appropriate paperwork.

For each conviction described above, a certified copy of the court complaint, including indictment and /or certified copy of the disposition must be attached to the application. If papers are not attached, your application will be considered incomplete and will not be processed.

**Owners ONLY:** You must attach proof of third party liability insurance in the amount of \$300,000 or more before a license will be issued. Automobile and homeowner's insurance are not acceptable.

**Drivers ONLY: Vision Requirement** – New applicants must submit a copy of their eye exam. If you have not submitted an eye exam since 2005, you must do so before a license will be issued.

I hereby authorize the Maine State 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.

Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Section 2: Fees Check Appropriate Box (es)**

- Owner (\$35)       Limited Trainer (\$35)       Owner /Trainer (\$60)       Driver /Trainer (\$60)
- Trainer (\$35)       Driver (\$35)       Owner /Driver (\$60)       Owner /Driver /Trainer (\$90)

License fees must accompany application. Checks must be made payable to: **Treasurer, State of Maine**

**Total of ALL License Fees:**  

**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 VISA |
|                  |                            | Expiration Date: |         |