



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



OWNER-DRIVER-TRAINER LICENSE APPLICATION

PHOTO REQUIRED

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

Section 1. Applicant Information

USTA Membership No.:		Circle the Type of License:		Date of Birth			
MAINE License No.:		New	Renewal				
Applicant Name:							
Mailing Address:				City:			
Home/Cell Phone:				State:	Zip:		
Work Phone:				Email:			
Gender:		Hair Color:		Eye Color:		Height:	Weight:

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

- 1. MSHRC Chapter 1 Section 10, do you have the financial ability to pay all bills incurred by you within the State of Maine?
- 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 convicted of a crime?
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.

APPLICATIONS WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.

Owners ONLY: You must show proof of third party liability insurance at the time of application 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 2017, 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.

Date Signed

Applicant Signature

Section 2. Fees Check Appropriate Box

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

Circle Driver Type	A	F	P	Q	V	Circle Trainer Type	General	Limited
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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 #:	
Current License:		Cash Receipt #:	
Application:	Approved	Return	Credit Card #:
Comments:	Credit Type:		MC VISA
	Expiration Date:		