



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



GROOM LICENSE APPLICATION

PHOTO ID 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 VISA
				Expiration Date:	