

AUTHORIZED AGENT AGREEMENT FORM

FOR OFFICE USE ONLY

Date _____

Fee _____

Receipt # _____

Cash -or- Check # _____

Expiration Date _____

Track _____ Clerk _____

OKLAHOMA HORSE RACING COMMISSION
2401 NW 23rd Street, Suite 78
Oklahoma City, Oklahoma 73107
(405) 943-6472 www.ohrc.org

STEWARD APPROVAL:

Date _____

By _____

This form must be filed for EACH agreement entered into by and between the herein named Authorized Agent and the Owner and/or Trainer for whom representation will be provided and accompanied by the required fee.

I have this day appointed _____ of _____

(Legal Name) (SS#)

(Street Address or Box #) (City) (State) (Zip)

to act for me pertaining to the racing of my horse(s) or the horse(s) I train, in accordance with the Rules and Regulations of the Oklahoma Horse Racing Commission. I assume full responsibility for the acts of the above named Authorized Agent in connection with the authority specified below. This appointment may be cancelled by either party upon written notice filed with the Oklahoma Horse Racing Commission and presentation of the above named Authorized Agent's License to the Commission.

CHECK ALL APPROPRIATE BOXES:

- Authority to draw monies. Limitations: _____
- Authority to claim. Limitations: _____
- Authority to enter. Limitations: _____
- Other business. Describe: _____

Provide the following information on ALL horse(s) for whom the above named Authorized Agent will have authority in which to represent you. (Attach additional sheet if necessary.)

HORSE'S NAME	AGE	BREED	TRAINER'S FULL NAME

Print name of Owner(s) or Trainer, whichever is applicable, and Social Security number:

Name _____ Social Security Number _____

being first duly sworn, say(s) that he/she is, the owner of the above named horse(s) and the statements and answers made in the foregoing application are true.

Signature of Owner or Trainer, whichever is applicable

Signed or attested before me this _____ day of _____, 20 _____.

(SEAL)

My Commission Expires: _____

NOTARY PUBLIC

Signature of Authorized Agent

Signed or attested before me this _____ day of _____, 20 _____.

(SEAL)

My Commission Expires: _____

NOTARY PUBLIC