

FOR OFFICE USE ONLY

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Date _____

**AUTHORIZED AGENT
AGREEMENT FORM**

Bookkeeper Copy: Yes or No

Expires **12-31-**_____**Oklahoma Horse Racing Commission**

STEWARD APPROVAL:

Track _____ Clerk _____

One Remington Place – BUILDING B

Oklahoma City, Oklahoma 73111

(405) 419-4441 www.ohrc.ok.govohrclicensing@ohrc.ok.gov

Date _____

By _____

Revised 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. Fee is \$25***

I have this day appointed _____ of
(Authorized Agents Legal Name) (SSN)

(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.

1. CHECK ALL APPROPRIATE BOXES:

- ☐ Authority to draw monies Limitations: _____
- ☐ Authority to claim Limitations: _____
- ☐ Authority to enter Limitations: _____
- ☐ Other business Specify: _____

2. 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 NAME	AGE	QH TB PT AP	TRAINERS NAME

3. 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***Signature of Authorized Agent***

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

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

(Seal)

(Seal)

NOTARY PUBLIC _____

NOTARY PUBLIC _____

My Commission Expires: _____

My Commission Expires: _____