ARIZONA DEPARTMENT OF GAMING - RACING DIVISION 1110 W. Washington, Suite 450 Phoenix, AZ 85007 Telephone (602) 364-1700

FOR RACING DIVISION USE ONLY

Applicant ID#_____ Issue Date: _____ Expiration Date: _____

AUTHORIZED AGENT APPOINTMENT

AN APPOINTMENT OF AN AUTHORIZED AGENT FOR ONE CATEGORY OF ACCOUNT MAY NOT BE UTILIZED TO FORM AN AUTHORIZED AGENT FOR ANY OTHER ACCOUNT. A SEPARATE AUTHORIZED AGENT FORM MUST BE SIGNED BY ALL PRINCIPALS FOR EACH SEPARATE AND DISTINCT ACCOUNT.

Name of Agent to be Appointed: _____ License #: _____
Please Print

Authorized Agent for: ☐ Individual Owner ☐ Multiple Owners ☐ Corporation

☐ Stable Name _____
Print Stable Name

Name of Principal: _____ License # _____
Please Print

Authorized Agent May:

☐ Yes Conduct **ALL** matters relating to my racing animals, with **NO** limitations or restrictions

If LIMITATIONS/RESTRICTIONS pertain to this appointment, complete the following: (All statements A-F must be answered)

A.	Claim horses in my/our name	☐ Yes	☐ No
B.	Sell, buy, or transfer horses without written consent	☐ Yes	☐ No
C.	Receive and endorse checks made payable to me/us	☐ Yes	☐ No
D.	Direct the transfer of money in my/our account	☐ Yes	☐ No
E.	Have checks made payable to himself/herself from my/our account	☐ Yes	☐ No
F.	Other business -	☐ Yes	☐ No

Describe other business indicating limitations or restrictions, if any: _____

I hereby appoint the person indicted above to act for me on matters relating to my race animals in accordance with Arizona Racing Commission Rules. I assume full financial responsibility for the acts of my Authorized Agent in connection with this appointment. In granting this authority, I release the Arizona Racing Commission and the Arizona Department of Gaming/Racing Division from any liability or responsibility for any misuse of the authority or misappropriation of any funds on the part of my appointed Authorized Agent. I understand that changes in the Authorized Agent's powers or revocation of an Agent's authority shall be in writing, either notarized or signed in the presence of ADG - Racing Division employee, and shall be filed with the Department of Gaming and the Horsemen's Bookkeeper.

_____ _____ _____
SIGNATURE MUST BE NOTARIZED UNLESS SIGNED IN THE PRESENCE OF AN EMPLOYEE OF ADG- RACING DIVISION — SIGNATURE OF ADG – RACING DIVISION EMPLOYEE — DATE

STATE OF _____)
)
County of _____)

Subscribed and Sworn before me this _____ day of _____, 20 _____.

_____ My commission expires: _____
NOTARY PUBLIC