

FOR RACING DIVISION USE ONLY	
Applicant ID# _____	Original Issue Date: _____
Expiration Date: _____	Date Duplicate License Issued: _____

APPLICATION FOR DUPLICATE LICENSE

Application Date: _____ Track: _____

NAME	DOB	SS#
PREVIOUS NAME		
STREET ADDRESS	CITY	STATE/ZIP
HOME PHONE#	CELL PHONE#	

I REQUIRE THIS DUPLICATE LICENSE FOR THE FOLLOWING REASON: _____

1. **Since you last filed an application with the ADG, RACING DIVISION, have you been *arrested, detained, charged, had any indictments, citations or summons to answer for any criminal offense or violation for any reason whatsoever (except minor traffic violations), regardless of the disposition of the event, dismissals, expunged/sealed or restoration of civil rights?***
 _____ YES _____ NO (If YES, provide detailed explanation on page 2).

2. **Since you last filed an application with the ADG, RACING DIVISION, has your racing license been denied, suspended, or revoked or have you had any fines issued from any racing jurisdiction, including Arizona?**
 _____ YES _____ NO (If YES, provide detailed explanation on page 2).

A.R.S. §25-320 **MANDATES** THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES **MUST** OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. THEREFORE, IT IS **MANDATORY** THAT YOUR SOCIAL SECURITY NUMBER IS PROVIDED ON THIS APPLICATION. WHEN SOCIAL SECURITY NUMBERS APPEAR ON PUBLIC RECORDS, AND COPIES OF SUCH RECORDS BECOME THE SUBJECT OF A RECORDS REQUEST, SOCIAL SECURITY NUMBERS **MUST** BE REDACTED FROM THE DOCUMENT.

SIGNATURE OF APPLICANT

EMPLOYEE – ADG RACING DIVISION

If you answered 'Yes' to any question, you **must provide a full explanation** of the circumstances. [For example, provide dates, city, state, nature of offense or violation, name of court involved, disposition (i.e. fine, confinement, etc.), and reason for license suspension, denial, or fines. Use additional sheets if necessary.

Submit cash, credit card, cashier's check or money order in the amount of **\$7.00**, payable to the Arizona Department of Gaming. **(Personal Checks will not be accepted.)**

Payment Type: Cash Cashier's Check # _____ Money Order # _____
 Credit Card Authorization # _____ Receipt # _____

LICENSING _____ PROCESSED	INVESTIGATOR _____ REVIEWED _____ INTERVIEWED	BOARD OF STEWARDS _____ APPROVED _____ APPROVED WITH CONDITIONS _____ DENIED
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