THE NEW YORK RACING ASSOCIATION, INC.

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IMBER BAR CODE # TERM. DAT	BADGE NUMBER	SS NUMBER	POSITION	NAME	DATEIN
				TYPE OR PRINT- FOR OFFICE USE ONLY	TYPE OR PRIN
THIS LIST MUST BE CERTIFIED EACH MONTH.  INDICATE NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED BETWEEN 9:00AM AND 5:00PM MONDAY THROUGH FRIDAY.  Name  Telephone #  Veterinarian:  Veterinarian:  Telephone #  Veterinarian:  Telephone #  Veterinarian:  Telephone #  Veterinarian:  Telephone #  Veterinarian:  Isall be reported to this list) is a true and correct list I shall be reported to the Stewards for disciplinary action,  (Signed)	THIS LIST MUST BE HNDICATE NAME AND HNDICATE NAME AND PERSON TO BE CON AND 5:00PM MONDA Name  Telephone #  Veterinarian:  Veterinarian:  Veterinarian:  Fricise Riders, Hot Walkers, Pony Riders and watchmen. The process of the strue and correct is shall be reported to the Stewards for disciplinary action, liation.  (Signed)	Telephone #  Telep	Tel  Tel  Tel  Tel  Tel  Tel  Tel  Tel	# (Becial Security of an interest of action may be cause for termination of all the information contained in the station of all the information contained in the station of all the information contained in the station of all the information contained in the same	Trainer's Name  Trainer's Name  Trainer's Name  Taxpayer Identifying #  Local Address  Permanent Address  THE NEW YORK RACIN Identification credentials of te This form applies to pe form must be filed with the Ide ADMISSION, CREDENT I hereby certify to The N of persons employed by me a and that such false certification I authorize investigation Assistant Trainer(s): Name
YEAR YEAR	STABLE AKEA		TRAINER EMPLOYEE REGISTRATION LIST		

	ON OIL FOR OBE ONLY				
DATEIN	DATE IN NAME	POSITION	SS NUMBER	BADGE NUMBER	BAR CODE #
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