

<b>For Office Use Only:</b> Date: _____ Fee: _____ License #: _____ Track: _____ Clerk: _____	<h2 style="margin: 0;">AUTHORIZED AGENT AGREEMENT FORM</h2> <p style="margin: 5px 0;">Kansas Racing and Gaming Commission  700 SW Harrison, Suite 500  Topeka, Kansas 66603-3754  Phone: 785-296-5800  Fax: 785-291-3196</p>	<b>For Office Use Only:</b> <input type="checkbox"/> YES    Rulings on <input type="checkbox"/> NO      File?  Date Check: _____ Clerk: _____
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**PLEASE PRINT IN BLACK INK OR TYPE, PROVIDE ALL INFORMATION AND ATTACH ADDITIONAL PAGES IF NECESSARY. SIGNATURE(S) OF OWNER(S) MUST BE NOTARIZED.**

This agreement form must be completed and signed by the owner(s) for each agreement entered into by and between the named Authorized Agent and the Owner(s) for when representation will be provided. The Authorized Agent and Owner(s) must obtain the appropriate occupation license from the Kansas Racing and Gaming Commission prior to engaging in any activities at a Kansas parimutuel racetrack.

I (we), have this day appointed \_\_\_\_\_,  
(Name of Authorized Agent)

with a permanent mailing address of \_\_\_\_\_,  
(Address)                      (City)                      (State)                      (Zip)

to act for me (us) for the current year, pertaining to the racing of my (our) racing animals under the rules and regulations adopted by the Kansas Racing and Gaming Commission. It is hereby understood that I (we) assume full responsibility for the acts of the above named Authorized Agent in connection with authority specified below. The appointment may be cancelled by either party upon written notice filed with the Kansas Racing and Gaming 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 authority:                                      Describe: \_\_\_\_\_

Provide the name(s) of all racing animals for whom the above named Authorized Agent has authority in which to represent you.

Animal's Full Registered Name	Breed	Name of Trainer
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledgement:

being first duly sworn, say(s) that he/she is (they are), the owner(s) of the named racing animal(s) and the statements and answers made in the foregoing agreement form are true.

Print Name(s) of Owner(s)	License #	Signature of Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_

Notrary Public

My Commission Expires: \_\_\_\_\_