



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: (313) 456-2864
 www.michigan.gov/mgcb

REQUEST FOR REPLACEMENT BADGE

Date		Track	
Race Meet			
<input type="checkbox"/> Mixed Breed	<input type="checkbox"/> Standardbred	<input type="checkbox"/> Thoroughbred	
Type of License			
<input type="checkbox"/> Jockey	<input type="checkbox"/> Apprentice Jockey	<input type="checkbox"/> Groom	<input type="checkbox"/> Pari-Mutuel Teller
<input type="checkbox"/> Jockey Agent	<input type="checkbox"/> Driver	<input type="checkbox"/> Racing Official	<input type="checkbox"/> Vendor
<input type="checkbox"/> Trainer	<input type="checkbox"/> Assistant Trainer	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Vendor Employee
<input type="checkbox"/> Exercise Rider	<input type="checkbox"/> Pony Rider	<input type="checkbox"/> Vet Assistant	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Owner			
Reason for Request			
<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Stolen	<input type="checkbox"/> Other _____
Name			
Address			
City	State	Zip Code	
Telephone No.			

I certify that the foregoing information is true and accurate to the best of my knowledge, information and belief. I agree to comply with the provisions of Public Act 279, of 1995, as amended, and the rules issued in accordance therewith.

 Signature

 Date

Your check made out to the State of Michigan for \$10 must accompany this request.

 Steward's Approval

 Date