



Racing Under Saddle (RUS) License Application

Must be at least 16 years of age

The application must be filled out by any person seeking a RUS license for the first time, requesting a license after a period of inactivity, or applying for a license valid for pari-mutuel meetings when the applicant has not held such a license or has not been riding at a pari-mutuel meeting regularly in recent years. **The rules require that the applicant be a current member of The United States Trotting Association in order to obtain a RUS license. All RUS Licenses will expire on the same date as your membership.**

Last Name										First Name					Middle Initial			Date of Birth				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
No. & Street Address (Permanent Address)															Place of Birth (City and State)									
City										State/Province		Zip Code					Height							
Area Code Home Phone Number					Area Code Business Phone Number					Area Code Mobile Phone Number					Weight									
E-Mail Address																								

- Would you like future correspondence to be via e-mail regarding this application? YES NO
- Were you ever licensed to drive or train by the USTA? YES NO
- Have you held a RUS license from Standardbred Canada? YES NO
- Have you held a RUS license from any other foreign jurisdiction? YES NO
- If YES, what jurisdiction? _____ License no. and type _____
- Do you have a physical defect? YES NO
- If YES, please describe _____
- Have you been hospitalized or under medical care in the past year? YES NO
- If so, why _____
- Have you ever suffered convulsions (fits, epilepsy)? YES NO
- Have you ever been confined to an institution? YES NO
- Have you ever ridden in a race? YES NO
- How long have you groomed horses? Years _____ Months _____ FULL TIME PART TIME
- Do you have any other relative experience (if so, describe on separate sheet of paper) YES NO

For Office Use Only

APPLICATION
CONTINUED ON
OTHER SIDE

REFERENCES (READ CAREFULLY)

List at least **four persons**, and their **USTA license numbers**, who can give first-hand information on your qualifications.

- All references listed must have a current USTA Membership/RUS License.
- **Each qualified person listed below will be sent a reference form by the USTA to their permanent address.**

OFFICIAL USE	FULL NAME	USTA Number	OFFICIAL USE	City/State

If additional space is needed to fully describe experience or to answer any other questions in detail, attach 8 1/2 x 11 sheet of paper. This application must be verified by the applicant. If the applicant willfully gives a false answer or statement in this application, it will be considered grounds for denial and further action against a member of the Association as provided for by the Rules and Regulations or Bylaws.

Applicant's Signature

Date

LICENSE FEES

The RUS License will expire upon the same date as your membership.

LICENSE FEES (Check one)

- 1 year \$55
 3 years \$165

Rule Book (or download at ustrotting.com/pdf/USTARulebook.pdf) FREE

TOTAL AMOUNT \$ _____

Contributions or gifts to the United States Trotting Association are not deductible contributions for federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. I hereby confirm that the information and statements contained herein are correct to the best of my knowledge.

PAYMENT INFORMATION

Please do not send cash. **For U.S.:** Pay by check, money order or credit card in U.S. funds only. **Outside U.S.:** Payment is by credit card *only*.

Payment Method: Check Money order Visa/MasterCard Name as appears on card: _____

Complete only if paying by credit card:

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 CVV Code

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Expiration date: ____/____/____ Signature: _____



U.S. Trotting Association
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www.ustrotting.com

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