

**CLAIMING PROCEDURES FOR OWNERS WHO HOLD A VALID NEW JERSEY RACING COMMISSION LICENSE**

IT IS THE RESPONSIBILITY OF THE **CLAIMANT, NOT THE HORSEMEN'S BOOKKEEPER** TO ENSURE THAT THE PROCEDURES ARE FOLLOWED CORRECTLY.

1. ESTABLISH CREDIT WITH THE HORSEMEN'S BOOKKEEPER. ACCEPTED ARE CASH, CASHIERS CHECKS, CERTIFIED CHECKS OR WIRE TRANSFERS MADE PAYABLE TO MEADOWLANDS RACETRACK PLUS SALES TAX OF 7%
2. FILL OUT CLAIMING FORM COMPLETELY.
3. PLACE IN ENVELOPE PROVIDED BY HORSEMEN'S BOOKKEEPER.
4. HAVE ENVELOPE STAMPED BY HORSEMEN'S BOOKKEEPER AND VERIFY TIME STAMPED.
5. PLACE IN CLAIM BOX AT LEAST 30 MINUTES PRIOR TO POST TIME OF EACH RACE.

**CLAIMING PROCEDURES FOR INDIVIDUALS WHO DO NOT HOLD A VALID NEW JERSEY RACING LICENSE**

IT IS THE RESPONSIBILITY OF THE **CLAIMANT, NOT THE HORSEMEN'S BOOKKEEPER** TO ENSURE THAT THE PROCEDURES ARE FOLLOWED CORRECTLY.

1. ESTABLISH CREDIT WITH THE HORSEMEN'S BOOKKEEPER.
2. FILL OUT NEW JERSEY RACING COMMISSION **OPEN CLAIM FORM** AVAILABLE AT THE RACING COMMISSION OR HORSEMEN'S BOOKKEEPER. FOLLOW ABOVE PROCEDURES 2 , 3, 4, AND 5.
3. PRIOR TO STARTING CLAIMED HORSE IN SUBSEQUENT RACE NEW OWNER **MUST** OBTAIN A NEW JERSEY RACING COMMISSION OWNERS LICENSE.

**MEADOWLANDS CLAIM FORM – 2019**  
**ALL 5 SECTIONS MUST BE COMPLETED OR THIS CLAIM IS VOID!**

1. **DATE OF RACE:** \_\_\_\_\_
2. **HORSE:** I (we) hereby claim the horse named \_\_\_\_\_ from Race # \_\_\_\_\_ on the above date, for the sum of \$ \_\_\_\_\_, plus sales tax (6.625%), under and subject to the rules of racing.
3. **NAMES & SIGNATURES:** ALL claimants **MUST** provide **ALL** of the following information and personally sign this document in order to have a valid claim. Persons licensed as an "**AUTHORIZED AGENT**" may sign for a claimant but **MUST** provide their current **NJ AUTHORIZED AGENT** license number along with claimant's license number.

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

4. **TRAINER:** I hereby designate \_\_\_\_\_ as my **CURRENTLY LICENSED NJ** trainer.
5. **PICK-UP PERSON:** I hereby designate **CURRENT NJRC LICENSEE** \_\_\_\_\_ to take charge of the claimed horse after the race.

**TESTING OF HORSE:**

I **DO WANT** post-race testing of horse **AT MY OWN EXPENSE (COST:\$200)**

I **DO NOT WANT** post-race testing of horse **AT MY OWN EXPENSE**

**EMERGENCY CONTACT INFORMATION FOR VANNED OFF HORSE: I designate:**

NAME: \_\_\_\_\_ TELEPHONE

NUMBER: \_\_\_\_\_

OPEN CLAIM FORM  
NEW JERSEY RACING COMMISSION  
CN 088  
TRENTON, NJ 08625-0088  
(609) 984-1554

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION, AND SIGN BELOW

In making this application for license or to otherwise participate in racing in the State of New Jersey, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Fair Credit Reporting Act Public Law No. 91:508

THIS IS NOT A LICENSE TO RACE

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you established an account with the Horsemen's Bookkeeper?

Yes ( ) No ( )

Name of Licensed New Jersey Trainer \_\_\_\_\_

**NOTE: THE APPLICANT MUST PROCURE AN OWNER'S LICENSE AND HAVE THE NECESSARY WORKER'S COMPENSATION PRIOR TO RACING THE CLAIMED HORSE.**

**\* IF ENTITY, LIST NAMES OF THE PRINCIPAL OWNERS:**

NAMES: \_\_\_\_\_

\_\_\_\_\_

c: State Steward  
Presiding Judge  
Investigative Unit

Horsemen's Bookkeeper  
Applicant