

THE JOCKEY CLUB      **APPOINTMENT OF AGENT FORM    FEE: \$30.00**  
P.O. BOX 90  
JAMAICA, NY 11417  
Direct Line: 718-296-5146  
Email to: jcsilks@jockeyclub.com

This form is used to appoint an agent  
for claiming purposes.

**\*\*\* RENEWABLE DECEMBER 31<sup>st</sup> OF EVERY YEAR\*\*\***

Complete and return form with fee to: The Jockey Club, P.O. Box 90, Jamaica, NY 11417

**STABLE NAME** (if applicable) : \_\_\_\_\_

**NAME OF OWNER:** I, \_\_\_\_\_, appoint

**NAME OF AGENT:** \_\_\_\_\_

**AS MY AUTHORIZED AGENT.**

**AGENTS SIGNATURE:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **LAST 4 SS # -** \_\_\_\_\_

To act for me in the year **2022** solely for matters pertaining to racing of my horses in the state of New York, including the ability to claim horses from or enter horses in claiming races. This form does not extend authority of the agent to transfer ownership of horses other than through claiming races.

**OWNER:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **LAST 4 SS # -** \_\_\_\_\_

**Signature and Certification:**

The undersigned certifies that he/she is a Thoroughbred owner, that the undersigned has full power and authority to execute and file this report and to receive requested documents from The Jockey Club. All information supplied on this form is complete and accurate.

**OWNERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_, 2022

**PRINT NAME:** \_\_\_\_\_

Email to: jcsilks@jockeyclub.com



## Gaming Commission

One Broadway Center, PO Box 7500,  
Schenectady, NY 12301-7500  
[www.gaming.ny.gov](http://www.gaming.ny.gov)

### Authorized Agent

I \_\_\_\_\_ certify that \_\_\_\_\_  
Name of Owner/ Trainer Authorized Agent

Has been employed by me as Authorized Agent and should I change agents, I will notify the Stewards of the racetrack.

Date: \_\_\_\_\_

Owner/ Trainer signature \_\_\_\_\_