



## **Experience Update Form**

Experience given on this form must be experience in the last five years. You must fill out position, track, dates, **AND** number of race days worked for each of the positions you have held.

<u><b>Position</b></u>	<u><b>Track</b></u>	<u><b>Dates</b></u>	<u><b># of Race Days Worked</b></u>

**\*\*\*Everything on this form must be filled out correctly to be given credit\*\*\***

### **STATEMENT OF TRUTHFULNESS**

I certify that all of the information contained in this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax this form to (859) 296-3033 Attn ROAP  
Racing Officials Accreditation Program, 821 Corporate Drive, Lexington, KY 40503  
via email to [contactus@horseracingofficials.com](mailto:contactus@horseracingofficials.com)  
[www.horseracingofficials.com](http://www.horseracingofficials.com)