



RACING OFFICIALS ACCREDITATION PROGRAM PERSONAL INFORMATION SHEET

PRIMARY MAILING ADDRESS

Name _____ Phone _____ Cell _____

Address _____

City, State, Zip _____ Email _____

Languages Spoken _____ Professional Reference _____

EXPERIENCE (Last Five Years – Attach Extra Page If Necessary)

Position	Track(s)	Dates	# Days (if Known)
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Please check whether you have attended the Steward's Accreditation School at

Arizona Race Track Industry Program _____ USTA Extended Judges School _____

Louisville Equine Industry Program _____

Please check one:

☐ Attended the Program but have not satisfied the exams requirement

☐ Passed all exams; however, have not met the required experience necessary for Accredited Status

☐ Accredited; Attended the Program, have satisfied exam and experience requirements.

☐ **Accredited Fair Steward or Fair Racing Official (circle one)** Has passed all of the required tests and all continuing education requirements are current; However, due to short length of fair meets, can not meet the experience requirements for accreditation. Has worked an average of 10 days per year for three years at fair race meets.

☐ **Accredited Racing Official** Have passed all of the required tests and meet the experience requirements for accreditation and all continuing education requirements current; however, have worked fewer than 50 racing days as a Steward/Judge of a specific breed during the past three years.

☐ **Accredited Steward/Judge** Have worked at least 50 racing days as a Steward/Judge of a specific breed during the past three years and all continuing education requirements are current.

☐ **Senior Accredited Steward/Judge** Have at least five years experience and 200 racing days as an Accredited Steward/Judge of a specific breed and all continuing education requirements are current.

Please list your last 16 hours of Continuing Education: _____

☐ I do not give permission to make the information contained in this form public on the ROAP website.

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
www.horseracingofficials.com