



**State of Florida  
Department of Business and Professional Regulation  
Division of Pari-Mutuel Wagering**

**KENNEL PERSONNEL ROSTER**

DATE: \_\_\_\_\_

TRACK: \_\_\_\_\_ SEASON: \_\_\_\_\_

KENNEL NAME: \_\_\_\_\_ KENNEL LICENSE NO.: \_\_\_\_\_

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

OWNER: \_\_\_\_\_ OWNER LICENSE NO. \_\_\_\_\_

EMPLOYEE	POSITION	LICENSE NO.
	TRAINER	
	ASST. TRAINER	
	ASST. TRAINER	
	ASST. TRAINER	
	AUTHORIZED AGENT	
	HELPER	
	HELPER	
	HELPER	
	HELPER	
	HELPER	
	HELPER	

White Copy - Racing Secretary  
Pink Copy - State Office

\_\_\_\_\_  
**Owner or Trainer's Signature**