



### Inter-Track Betting from a Foreign Organization Application

\* REFER TO INSTRUCTIONS ON PAGE 2  
VOIR LES INSTRUCTIONS SUR LA PAGE 2

Original  
Première

Amendment  
Modification

<b>Application Received Date:</b> For CPMA Use Only	
	YYYY/DD/MM

#### SECTION 1 – CANADIAN ASSOCIATION INFORMATION

1. Name of Association:	
2. Association Contact Name:	3. Title:
4. Contact's Telephone Number:	5. Contact's Facsimile Number (or E-mail Address):
<b>Declaration</b> – I hereby certify that the information given on this form is true, correct and complete in every respect to the best of my knowledge and that I am authorized to sign on behalf of the Canadian Network Host.	
6. _____ Canadian Association Applicant 's - Name (Print)	7. _____ Canadian Association Applicant 's - Signature _____ Date (YYYY/DD/MM)

#### SECTION 2 – FOREIGN ORGANIZATION INFORMATION

8. Name of Foreign Organization:	
9. Physical Address:	
10. Take-Out Rate(s):	W/P/S = QU/EX = Super = Triactor= Double = Pick 3 = Pick 4 = Pick 5 = Pick 6 = Pick 7 =
11. List of <u>Contracted Partners</u> and their Respective <u>Governing Bodies</u> :	
12. Tote Company Name:	13. Physical Location of CPU (HUB) AND HUB Identifier Name:
14. Tote Contact Name:	15. Title
16. Tote Contact Telephone Number:	17. Tote Company's Facsimile Number (or E-mail Address):
18. Communications Test Conducted with CPMA Agency Officer Present: <input type="checkbox"/> Yes (Test Completion Date): _____ <input type="checkbox"/> No	19. Provide software version AND list all pools tested: Version: _____
<b>NOTE:</b> Cease Betting Cancellation Delays are prohibited on wagers made in Canada.	

#### SECTION 3 – FOREIGN ORGANIZATION'S GOVERNING BODY INFORMATION

20. Governing Body Name:	
21. Governing Body Contact Name:	22. Title:
23. Contact's Telephone Number:	24. Contact's Facsimile Number (or E-mail Address):

#### FOR CPMA USE ONLY

Regional Source Code:		<i>New Source Code to be assigned by Headquarters' Audit &amp; Stats Clerk.</i>
START DATE	END DATE	APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/>
YYYY/DD/MM	YYYY/DD/MM	
_____ CPMA Reviewing Agency Officer - Signature	_____ Date	_____ Regional Manager Approval - Signature
		_____ Date

**DISTRIBUTION:** Original = Regional Office Copy 1 = Applicant Copy 2 = CPMA Headquarters

## Instructions for completing application to conduct inter-track betting from a foreign organization

<b>SECTION 1 - ASSOCIATION INFORMATION</b>										
Box 1	Enter the complete legal name of the Canadian Association.									
Box 2	Indicate the name of the person who has knowledge and responsibility of this application.									
Box 3	Enter the title of the person identified in Box 2.									
Box 4	Enter the contact person's telephone number including the area code (i.e. XXX-XXX-XXXX).									
Box 5	Enter the contact person's facsimile number including the area code (i.e. XXX-XXX-XXXX).									
Box 6	Please ensure that the person is authorized to make the application on behalf of the Canadian Association (i.e. Network Host - Racetrack). Enter the person's First and Last name in clear print format.									
Box 7	Enter the signature of the authorized person identified in Box 6 <b>and</b> indicate the date of signing.									
<b>SECTION 2 - FOREIGN ORGANIZATION INFORMATION</b>										
Box 8	Enter the complete legal name of the Foreign Organization as entered on contract with Canadian Association.									
Box 9	Indicate the location address of the Foreign Organization.									
Box 10	Enter the take-out rate established by the Foreign Organization.									
Box 11	<ul style="list-style-type: none"> <li>List the names of all contracted partners to the Foreign Organization, <b>and</b></li> <li>List the corresponding regulatory body(ies) having statutory/regulatory authority over each contracted partner's pari-mutuel betting.</li> </ul> Add separate page if required.									
Box 12	Enter the full name of the Totalizer Company used by the Foreign Organization.									
Box 13	Indicate the address of the location of the Tote Hub (CPU) used by the Foreign Organization.									
Box 14	Indicate the name of the person who has responsibility of the Foreign Organization system.									
Box 15	Enter the title of the contact person identified in Box 14.									
Box 16	Enter the telephone number for the Foreign Organization's Totalizer Company including the area code (i.e. XXX-XXX-XXXX) and country code(s) if outside Canada and the United States.									
Box 17	Enter the facsimile number for the Foreign Organization's Totalizer Company including the area code (i.e. XXX-XXX-XXXX) and country code(s) if outside Canada and the United States.									
Box 18	Indicate YES or NO on whether a communications test was performed when a CPMA Agency Officer was present. If YES, enter the date all tests were completed. <b>NOTE:</b> A CPMA Agency Officer that has reviewed and approved the Tote Test Reports is considered to have been present for the communications test.									
Box 19	Indicate all categories and pools that were checked during the communications test (e.g. calculations, methodologies, etc.)									
<b>SECTION 3 – FOREIGN ORGANIZATION'S GOVERNING BODY INFORMATION</b>										
Box 20	Enter the full name of the governing body that regulates pari-mutuel betting of the Foreign Guest.									
Box 21	Indicate the name of the person representing the governing body and who has knowledge of the Foreign Guest activities.									
Box 22	Enter the title of the person identified in Box 23.									
Box 23	Enter the contact person's telephone number including the area code (i.e. XXX-XXX-XXXX) and country code(s) if outside Canada and the United States.									
Box 24	Enter the contact person's facsimile number including the area code (i.e. XXX-XXX-XXXX) and country code(s) if outside Canada and the United States.									
<b>NOTES:</b>										
<ol style="list-style-type: none"> <li>Duration of application to operate inter-track betting is indicated in the START DATE and END DATE established by CPMA upon application approval.</li> <li>The completed form must be sent to your CPMA Regional Office <b>or</b> presented to your local Agency Officer in person with a copy of the signed contract agreement between the Canadian Association and Foreign Organization.</li> <li>Personal information provided on this form is protected under the provisions of the Privacy Act.</li> </ol>										
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 33%;"><b>Western Canada</b></th> <th style="text-align: center; width: 33%;"><b>Ontario Region</b></th> <th style="text-align: right; width: 33%;"><b>Quebec and Eastern Canada</b></th> </tr> </thead> <tbody> <tr> <td>Canadian Pari-Mutuel Agency Room #406-7337, 137<sup>th</sup> St. Surrey, BC V3W 1A4</td> <td>Canadian Pari-Mutuel Agency 135 Queens Plate Drive Suite 440 Toronto, ON M9W 6V1</td> <td>Canadian Pari-Mutuel Agency 8150, Métropolitain blvd., East Room 330 Anjou, QC H1K 1A1</td> </tr> <tr> <td>Attention: Regional Manager</td> <td>Attention: Regional Manager</td> <td>Attention: Regional Manager</td> </tr> </tbody> </table>		<b>Western Canada</b>	<b>Ontario Region</b>	<b>Quebec and Eastern Canada</b>	Canadian Pari-Mutuel Agency Room #406-7337, 137 <sup>th</sup> St. Surrey, BC V3W 1A4	Canadian Pari-Mutuel Agency 135 Queens Plate Drive Suite 440 Toronto, ON M9W 6V1	Canadian Pari-Mutuel Agency 8150, Métropolitain blvd., East Room 330 Anjou, QC H1K 1A1	Attention: Regional Manager	Attention: Regional Manager	Attention: Regional Manager
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