

HORSERACING INTEGRITY AND SAFETY AUTHORITY NOMINATING COMMITTEE

INITIAL NOMINEE SCREENING QUESTIONNAIRE

NAME: _____

1. Please confirm that you are, in fact, willing to serve if selected.

_____ **Yes** _____ **No** (If your answer is **No**, you need not proceed to the additional questions.)

2. If Yes, please confirm the role(s) in which you are willing to serve if selected: Board of Directors; Anti-Doping and Medication Committee; and/or Racetrack Safety Committee. Mark all that apply:

____ Board of Directors

____ Anti-Doping and Medication Committee

____ Racetrack Safety Committee

***If you have *not* previously submitted a CV or Bio, please email or fax with this form.

IMPORTANT -- PLEASE NOTE: The membership of the Board and the two committees are constituted by federal statute to include certain members who are "Independent" and certain members who are from the "Equine Industry."

- **Any member of the Board and any *Independent* member of a Committee must also satisfy the following Conflict of Interest Restrictions:**

Neither the nominee, nor the nominee's spouse, domestic partner, mother/father, aunt/uncle, sibling or child may:

- 1) *Have a financial interest in or provide goods/services to covered horses (A "covered horse" is presently defined as a Thoroughbred horse from its first timed workout to its retirement from racing);*
- 2) *Be an officer/official of any **equine industry representative** (defined as: an organization regularly and significantly engaged in the equine industry, including organizations that represent the interest of, and whose membership consists of, owners, breeders, trainers, racetracks, veterinarians, State racing commissions, and jockeys), or serve in any governance or policymaking capacity for an **equine industry representative**; or*
- 3) *Be an employee of, or have a business or commercial relationship with, any of the individuals described in (1) or (2) above.*

- These conflict restrictions are *prospective* and effective *as of the date* the nominee is appointed, and therefore, a nominee may voluntarily divest of positions or interests he/she holds in order to remove a conflict.

3. In light of the foregoing conflict restrictions, please also advise:

a. Whether you, or your spouse, domestic partner, mother/father, aunt/uncle, sibling or child:

i. Currently have any position or interest that is implicated by the above three requirements?

_____ **Yes** _____ **No**

If your answer is No, you need not proceed to the additional questions.

ii. Whether you and any family member described above are ready, willing and able to completely divest yourself(ves) of such position or interest, if selected?

_____ **Yes** _____ **No**

***If No, you may not serve in a Board position or an *Independent* position on the Committees, but you may still serve as an *Industry member of a Committee*.**

b. Please identify the positions or interests that you or your family member hold that you believe may constitute a conflict under the above requirements:

SIGNATURE

DATE

PLEASE SCAN/EMAIL COMPLETED FORM TO: Anjali.Salooja@hisaus.org