



Texas Racing Commission

8505 Cross Park Drive, #110
 Austin, TX 78754-4594
 Phone (512) 833-6699
 Fax (512) 833-6907
 www.txrc.texas.gov

LICENSE #

INDIVIDUAL LICENSE APPLICATION

OFFICE USE ONLY					
PROCESSED BY:	DATE PROCESSED:	LICENSE FEE \$	FINGERPRINT FEE \$	TOTAL FEE \$	CHECK/MO# M/C VISA
<input type="checkbox"/> NEW & RENEWAL TX920420Z (\$56.50) <input type="checkbox"/> RESUBMISSION - RENEWAL (\$13.00) <input type="checkbox"/> REPRINT - (NO CHARGE)		SID#	FINGERPRINTER SIGNATURE		
EMR DATE		EMR WILL EXPIRE ON	FINGERPRINT ID # OR ATTACH RECEIPT		OTHER INFORMATION SENT
		MATERIAL SENT			
		EMR LETTER <input type="checkbox"/> FINGERPRINT CARD <input type="checkbox"/> APPLICATION <input type="checkbox"/>			

1. PERSONAL INFORMATION: All Applicants Must Complete this Section.

License Type		Social Security Number		For participation in <input type="checkbox"/> Horse Racing - List breed _____ <input type="checkbox"/> Greyhound Racing <input type="checkbox"/> Both		This question applies only to Owner, Trainer, Veterinarian or Jockey type licenses: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	
First Name		Middle Name		Last Name		Maiden Name, Alias or Nickname	
Date of Birth		Sex	Height	Weight	Race (W, B, A, I, O)	Driver's License Number	
Issuing State							
Hair Color	Eye Color	Place of Birth (State)	Local Telephone ()	Business Telephone ()	Fax Number ()	E-mail address	
Local Address (Street, City, State, Zip)				Permanent Mailing Address if different from Local Address (Street, City, State, Zip)			
Spouse's First Name		Spouse's Middle Name		Spouse's Last Name		Spouse's Maiden Name, Alias or Nickname	
A. Have you ever been licensed to participate in racing in another state? If YES, list states here:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Do you, or any person with whom you currently live, currently have a license SUSPENDED or REVOKED, or DENIED by the Texas Racing Commission or by any other state or racing jurisdiction? If YES, give details here:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. Are you currently EXCLUDED from any racetrack by a Board of Stewards or Judges or by a Racing Association? If YES, give details here:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Have you been convicted of a 1st degree felony or a capital grade offense that you have not previously disclosed to the Texas Racing Commission? If YES, give details below:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
E. Have you been convicted of a felony within the past ten years that you have not previously disclosed to the Texas Racing Commission? If YES, give details below:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
F. Have you been convicted of a misdemeanor (except traffic violations) within the past four years that you have not previously disclosed to the Texas Racing Commission? If YES, give details below:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
QUESTION (D,E,F)	DATE OF CONVICTION	STATE CONVICTION OCCURRED	OFFENSE		SENTENCE/DISPOSITION/FINE OR OUTCOME		

2. OWNERSHIP: If you are applying for any type of an OWNER's license, you must provide the following information.

Below list the **name of Owner** as it appears on animal(s)' registration papers that you intend to race. (If any registration papers include any type of joint ownership, such as a partnership, a stable or kennel name, a corporation, or any other legal entity name, you must obtain a separate Multiple Owner License.) Also, list your current trainer, Horse or Greyhound name and the kennel name (if greyhound owner).

Name of Owner	
Name of Trainer(s)	Name of Greyhound Kennel(s) (Greyhound owner's only)
Name of Horse/Greyhound	

If you are under the age of 18 and applying for any type of OWNER's license, your parent or legal guardian must complete this section. By signing below, I affirm that I am a parent or legal guardian of this applicant and acknowledge that I am responsible for all costs incurred for the training, stabling, kenneling, racing or other matters relating to the proper care of this applicant's race animal(s).

Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date Signed
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3. EMPLOYMENT: If you will be working in a position for a racetrack or a vendor that could influence racing and/or that requires restricted access to the racetrack, or in any position for a trainer, you must have your supervisor complete this section.

Name of Employer	Printed Name of Supervisor	Supervisor's Title	
Does this employee <input type="checkbox"/> YES <input type="checkbox"/> NO need access to restricted areas? <input type="checkbox"/> YES <input type="checkbox"/> NO have supervisory authority to hire and terminate other employees?	Supervisor's Signature	Date Signed	Supervisor's License #

APPLICANT: If your employment with this employer is terminated, you must immediately surrender your license badge to this employer or return to the Commission. Surrendering the badge will not affect the status of your license, which will remain valid in Texas until the expiration date, should you apply for a similar position and you remain in good standing with the Texas Racing Commission.

SUPERVISOR: By signing above you are recommending the employee to receive a badge that will allow access to restricted areas of the racetrack in accordance to the Texas Racing Commission Act 7.01 - License Required.

4. ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT.

I hereby authorize a review, full disclosure, and release of any and all records concerning myself to any officer, agent, or employee of the Texas Department of Public Safety or the Texas Racing Commission, whether the records are of a public, private, or confidential nature. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws; I further release the State of Texas, its officers, agents, and employees from any liability which may incur as a result of the collection or use of the information.

I understand that by accepting this license, I consent to searches of my person and property on the grounds of an association and seizure of paraphernalia, substances, or devices prohibited by the Texas Racing Act (V.T.C.S. Art. 179e) or a Rule of the Texas Racing Commission (16 Tex. Admin. Code §301.1 et seq.). I further consent to testing for controlled substances or alcohol in accordance with the Rules of the Texas Racing Commission.

I authorize the Texas Department of Public Safety to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the Texas Racing Commission through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

TxRC Rule §311.209(b) A licensee shall promptly notify the Commission regarding any changes to the licensee's mailing address and telephone number.

PROVIDING FALSE INFORMATION ON THIS APPLICATION OR OMITTING INFORMATION
MAY RESULT IN CRIMINAL PROSECUTION PURSUANT TO TEXAS RACING ACT §14.06 AND TEXAS PENAL CODE §37.10.

YOU ARE ENTITLED TO KNOW ABOUT THE INFORMATION THAT THE TEXAS RACING COMMISSION COLLECTS
ABOUT YOU, RECEIVE AND REVIEW THE INFORMATION, AND HAVE ANY INCORRECT INFORMATION CORRECTED.

THIS LICENSE IS GRANTED ON A TEMPORARY BASIS PURSUANT TO TEXAS RACING ACT, V.T.C.S. ART. 179e, §7.09. IT MAY
BE DENIED OR REVOKED IN ACCORDANCE WITH THE TEXAS RACING COMMISSION RULES. FEES ARE NOT REFUNDABLE.

Applicant's Signature	Date Signed	If Applicant is <i>under the age of 18</i> Signature of Parent or Legal Guardian	Date Signed by Parent or Guardian
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5. CHARGE CREDIT CARD FOR FEE.

Complete this section **only** if paying the license fee with a MasterCard or Visa.

MasterCard # or Visa # _____ Expiration Date _____

Security Code# _____ (3 Digit number on the back of the card)

Cardholder's Name (as it appears on card)	Cardholder's Billing address for this credit card
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By my signature I agree to pay the license fee for this application to the Texas Racing Commission according to my cardholder agreement.

Cardholder's Signature	Date Signed
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