

To protect any credit card information you provide, this portion of the application will be detached and shredded after data entry.

CHARGE CREDIT CARD FOR FEE. Complete this section ONLY if paying the fee with a MasterCard or Visa

<input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa # _____ Security Code# _____ (3 Digit number on the back of the card) Expiration Date _____	
Cardholder's Name (as it appears on card)	Cardholder's <i>billing address</i> for this credit card
By my signature I agree to pay the license fees for this application to the Texas Racing Commission according to my cardholder agreement.	
Cardholder's Signature	Date Signed



Texas Racing Commission

8505 Cross Park Drive, #110 Austin, TX 78754-4552
 Phone (512) 833-6699 Fax (512) 833-6907
 www.TXRC.texas.gov

LICENSE #

MULTIPLE OWNER / STABLE/ FARM REGISTRATION

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.

OFFICE USE ONLY			
PROCESSED BY:	DATE PROCESSED:	LICENSE FEE \$	Check # _____ <input type="checkbox"/> MO <input type="checkbox"/> MC <input type="checkbox"/> VISA

For participation in <input type="checkbox"/> Horse Racing <input type="checkbox"/> Greyhound Racing <input type="checkbox"/> Both	Term of registration <input type="checkbox"/> 1 year - \$35 <input type="checkbox"/> 2 years - \$70 <input type="checkbox"/> 3 years - \$105	Name of Owner(s) as it appears on animal(s)' registration certificate
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Designated Representative (or Managing Owner)

First Name	Middle Name	Last Name	TxRC License #
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Address (Street, City, State, Zip)

Local Telephone ()	Business/Cell Telephone ()	Fax Number ()
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Owner Name	TxRC License #	% Owned
Owner Name	TxRC License #	% Owned
Owner Name	TxRC License #	% Owned
Owner Name	TxRC License #	% Owned
Owner Name	TxRC License #	% Owned
Owner Name	TxRC License #	% Owned

As the designated representative or managing owner for the above-named owners, 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.

Designated Representative's Signature X	Date Signed
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