

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

Owner's Birthdate:	Trainer's Email Address:
CHARGE CREDIT CARD FOR FEE. Complete this section <i>only</i> if paying fee(s) with a MasterCard or Visa	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card # _____ Security Code # _____ (3-digit number on back of card) Expiration Date: _____	
Cardholder's Name (as it appears on card)	Cardholder's Billing address for this credit card
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



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 #

EMERGENCY LICENSE APPLICATION FOR OWNER

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
EMR DATE	EMR WILL EXPIRE ON	MATERIAL SENT <input type="checkbox"/> EMR Letter <input type="checkbox"/> Fingerprint Card <input type="checkbox"/> Application	OTHER COMMENTS:

INDIVIDUAL OWNER INFORMATION

License # (If Renewal)	First Name	Last Name	Phone Number
Mailing Address (Street/P O Box)	City	State	Zip Code

IF APPLICABLE, MULTIPLE OWNER/STABLE/FARM

Name of Owner as it appears on Race Animal's Registration Certificate			
Designated Representative's License #	Designated Representative's First Name	Designated Representative's Last Name	
Mailing Address (Street/P O Box)	City	State	Zip Code

TRAINER INFORMATION

License #	First Name	Last Name
Mailing Address (Street/P O Box)	City	State Zip Code
Local Phone # ()	Business/Cell Phone # ()	Home Phone # () Fax # ()
Owner is unable to complete application forms for the following reason: <input type="checkbox"/> Illness <input type="checkbox"/> Absent <input type="checkbox"/> Other: _____ I understand that if the owner fails to provide the completed application forms and fingerprint cards to the Commission within 21 days after the date the emergency license is issued, the owner's license will expire and the owner will be required to pay an additional fee in order to apply for a new license. In addition, an owner may not withdraw any funds from the horseman's/kennel account until the owner has provided the completed application forms and fingerprint cards to the Commission. I am fully aware that this application is a government document and under penalties of perjury I declare that all of the information I have provided on this form is true and correct.		
Trainer's Signature X	Date	