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|-----------------|--|---|-----------|
| OFFICE USE ONLY | | TEXAS RACING COMMISSION 8505 CROSS PARK DRIVE STE 110 AUSTIN TEXAS 78754-4594 PHONE (512) 833-6699 FAX (512) 833-6907 www.txrc.state.tx.us | LICENSE # |
| FEE | | | |
| CK # | | | |
| NEW | | | |
| RENEWAL | | | |
| ADD PRINC. | | | |

AUTHORIZED AGENT

Instructions: Answer all questions completely. A separate appointment form must be filed for each **PRINCIPAL REPRESENTED.**

| | | |
|-------------------------|------------------------------|------------------------|
| OWNER'S NAME | OWNER'S LICENSE # | OWNER'S SS# |
| AUTHORIZED AGENT'S NAME | AUTHORIZED AGENT'S LICENSE # | AUTHORIZED AGENT'S SS# |

Type of Entity(Check a box below):

Individual
 Partnership
 Corporation
 Syndicate
 Other: _____

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A. Claim horses in my name. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | B. Sell or transfer horses/greyhounds without my written consent. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | C. Receive and endorse checks made payable to me. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | D. Direct the transfer of money in my account. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | E. Have checks made payable to himself/herself from my account. |

➤ ACKNOWLEDGEMENT

I hereby appoint the person indicated above to act as Agent for me on matters relating to my race animals in accordance with Texas Racing Commission Rules. I assume full responsibility for the acts of my Authorized Agent in connection with this appointment. I understand that this appointment may be terminated at any time by either party by executing the appointment termination below.

You are entitled to request to be informed about the information that the Commission collects about you, receive and review the information and, to have the Commission correct any information about you that is incorrect.

| | |
|--|------|
| OWNER'S SIGNATURE X | DATE |
| SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE | DATE |
| TXRC SIGNATURE | DATE |
| AUTHORIZED AGENT'S SIGNATURE X | DATE |
| TXRC SIGNATURE | DATE |

IF PAYING WITH VISA OR MASTER CARD COMPLETE THE FOLLOWING INFORMATION:

CHECK ONE BOX BELOW. PROVIDE THE CARD NUMBER AND EXPIRATION DATE.

VISA # _____ EXP DATE _____
 MASTER CARD # _____ EXP DATE _____

CARD HOLDER'S NAME: _____ **BILLING ADDRESS:** _____

SIGNATURE OF CARD HOLDER: **X** _____

By signing above I agree to pay the licensing fee to the Texas Racing Commission according to cardholder agreement.

➤ APPOINTMENT TERMINATION

I hereby terminate my relationship with the Owner / Authorized Agent (circle one) named above effective

on _____, 20_____.

| | |
|-----------------------|------|
| SIGNATURE X | DATE |
|-----------------------|------|