

FOR OFFICE USE ONLY		<b>TEXAS RACING COMMISSION</b> 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#			
CLERK			
NEW			
RENEWAL			
ADD JOCKEY			

## JOCKEY AGENT

**Instructions: Please print in ink or type.** During a thoroughbred or mixed meet, a jockey agent may represent only two jockeys and one apprentice jockey at any given time. During a quarter horse meet, a jockey agent may represent only three jockeys at any given time. At least one appointment must be in effect to obtain or retain a jockey agent license. A separate appointment form must be on file for each jockey represented. If the jockey is under 18 years of age, the form must be signed by the jockey's parent or legal guardian. The term of the appointment may not exceed one calendar year.

**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.**

JOCKEY'S FIRST NAME	JOCKEY'S LAST NAME	JOCKEY'S L LICENSE #	JOCKEY'S SS#
AGENT'S FIRST NAME	AGENT'S LAST NAME	AGENT'S LICENSE #	AGENT'S SS#

### ➤ ACKNOWLEDGEMENT

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

JOCKEY'S SIGNATURE <b>X</b>	DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE	DATE
TXRC SIGNATURE	DATE

### ➤ APPOINTMENT TERMINATION

We hereby **terminate** our Jockey/Jockey Agent relationship effective \_\_\_\_\_ 20\_\_\_\_\_.  
 (Must be signed by Jockey and Jockey Agent.)

JOCKEY'S SIGNATURE <b>X</b>	DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE	DATE
TXRC SIGNATURE	DATE
JOCKEY AGENT'S SIGNATURE <b>X</b>	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.**