

SOCIAL SECURITY NUMBER AFFIDAVIT

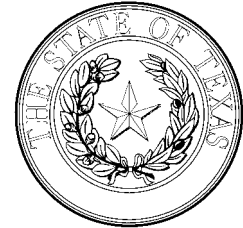
Texas Racing Commission

8505 Cross Park Drive, #110
Austin, TX 78754-4594

Phone 512-833-6699

Fax 512-833-6907

www.txrc.state.tx.us



1a. First Name	1b. Middle Name	1c. Last Name	2. TxRC License No.
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As a condition of the issuance of a license by the Texas Racing Commission, I hereby certify that the above information is true and correct and that I have never been issued or been assigned a social security number by the United States Social Security Administration.

Further, I do hereby authorize full disclosure of all records concerning the issuance or use of a social security number to any duly authorized agent of the Texas Racing Commission, whether the records are of a public, private, or confidential nature. This information will be used to determine my eligibility to receive a license from the Texas Racing Commission based on the requirement to provide a social security number.

3a. Applicant Signature (Must be notarized)	3b. Date
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4a. Subscribed and affirmed or sworn to before me on this _____ day of _____, 20____, in the county of _____, State of Texas.	4b. <p style="text-align: center;">NOTARY SEAL</p>
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4c. Notary Signature	
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