

# MULTIPLE OWNER / STABLE / FARM REGISTRATION

Office Use Only

EMR date	#
Return by	Fee
Clerk	Check/MO #

**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

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

4a. First Name	4b. Middle Name	4c. Last Name	4d. Federal ID Number or Social Security Number	4e. TxRC Lic.#
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4f. Address (Street, City, State, Zip)

4gf. Local Telephone ( )	4h. Business Telephone ( )	4i. Fax Number ( )
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5a. Owner Name	TxRC License#	% Owned
5b. Owner Name	TxRC License#	% Owned
5c. Owner Name	TxRC License#	% Owned
5d. Owner Name	TxRC License#	% Owned
5e. Owner Name	TxRC License#	% Owned
5e. 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.  
 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.

6. Designated Representative's Signature	6a. Date Signed
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7. CHARGE CREDIT CARD FOR FEE: Complete this section **only** if paying the license fee with a MasterCard or Visa.  
 MasterCard # or  Visa # \_\_\_\_\_ EXP DATE \_\_\_\_\_

7a. Cardholder's Name (as it appears on card)	7b. Billing address for this credit card
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By my signature I agree to pay the license fee for this application to the Texas Racing Commission according to my cardholder agreement.

7c. Cardholder's Signature	7d. Date Signed
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