

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 #
CLERK			

FINGERPRINT AFFIDAVIT FOR OUT OF THE COUNTRY OWNERS

TXRC LICENSE #		SS #	
FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS (STREET/PO BOX)		CITY	STATE ZIP CODE
HOME PHONE # (AREA CODE)-(PHONE) ()	BUSINESS PHONE # (AREA CODE)-(PHONE) ()	FAX # (AREA CODE)-(PHONE) ()	E-MAIL ADDRESS

I hereby state that I have a current license in _____

(List the country and/or the state(s) where you are currently licensed)

I hereby grant permission to the Texas Racing Commission to request from the racing jurisdiction(s) named above any information and/or copies of records to determine the validity of this affidavit. I hereby authorize the jurisdiction named above to release to the Texas Racing Commission any and all information it has pertaining to any criminal history records obtained by the submission of my fingerprint cards to the **FBI** or other criminal investigatory agency.

I hereby state: (Check YES OR NO)

- | | | | |
|----|--------------------------|--------------------------|---|
| | YES | NO | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I have a valid Owner, Owner/Trainer, Trainer License in another country. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I have a current license and in good standing in another country. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | My permanent Residence is OUTSIDE the State of Texas. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | My employment, whether self-employed or otherwise, is OUTSIDE the State of Texas. |

I understand that if I request a badge at a race track in Texas, I will be required to submit FINGERPRINTS. (A Texas Racing Commission badge is required for access to restricted areas of the race track.)

I understand that this affidavit is submitted as part of my application for an occupational license from the Texas Racing Commission, and I understand that providing false information or failing to provide complete information on this affidavit is grounds to deny, suspend, or revoke any and all occupational licenses issued to me by the Commission. I certify under penalty of perjury that this affidavit is complete and true and I knowingly and willingly affix my signature hereto.

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.

SIGNATURE X	DATE
TXRC WITNESS	DATE

