

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			

OUT OF STATE RECIPROCITY

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 in (year) _____ (**PRINTS MUST BE WITHIN THE LAST 3 YEARS**), I submitted complete fingerprint cards to the _____ (**List ALL racing jurisdictions other than Texas**) for the purpose of checking any criminal history record which I may have that is maintained by the **FBI** or other criminal investigatory agency. 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

_____ (**List ALL racing jurisdictions other than Texas**) 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. I have a valid Owner, Owner/Trainer, Trainer License in another state.
2. I have submitted F.B.I. fingerprints within the last three (3) years in another state.
3. My permanent Residence is OUTSIDE the State of Texas.
4. My employment, whether self-employed or otherwise, is OUTSIDE the State of Texas.

I understand that if I attend a race in Texas I will be required to submit FINGERPRINTS.

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