

# ADDENDUM TO LICENSING APPLICATION

## Texas Racing Commission

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

Phone 512-833-6699

Fax 512-833-6907

Applicant – Please complete the applicable information in boxes 1 – 4c

1. License Type	2. Social Security Number	3. License # (if applicable)
4a. First Name	4b. Middle Name	4c. Last Name

**5. IDENTIFICATION:** Applicant's proof of identification needs Judge, Steward or Investigator approval.  
 YES  NO Applicant is eligible to complete the licensing process. (Attach documents.)

**6. CRIMINAL HISTORY:** Applicant's response of YES to one or more question(s) related to prior criminal history (questions 13, 14, 15) needs Judge, Steward or Investigator review and approval.  
 YES  NO Applicant is eligible to complete the licensing process.

**7. RULING:** Applicant's response of YES to one or both question(s) related to a license being SUSPENDED, REVOKED or DENIED, or being EXCLUDED from any racetrack needs Judge, Steward or Investigator review and approval.  
 YES  NO Applicant is eligible to complete the licensing process.

**8. OTHER:** \_\_\_\_\_  
 YES  NO Applicant is eligible to complete the licensing process.

\_\_\_\_\_  
Signature of Reviewing Judge, Steward or Investigator

\_\_\_\_\_  
Date Signed

**9. TOOTH FLOATER / HORSE MASSAGE THERAPIST:** Applicant must work under the supervision of a licensed Veterinarian

YES  NO Applicant is eligible to complete the licensing process.

\_\_\_\_\_  
Signature of Supervising TxRC Licensed Veterinarian

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Form Review of State Veterinarian

\_\_\_\_\_  
Date Signed

**10. VETERINARIAN:** TX State Board of Veterinary Medical Examiners # \_\_\_\_\_

DEA# \_\_\_\_\_ TX Controlled Substance Reg. Cert. # \_\_\_\_\_

YES  NO Applicant is eligible to complete the licensing process.

\_\_\_\_\_  
Signature of State Veterinarian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Judge or Steward

\_\_\_\_\_  
Date Signed

