

QUARTER HORSE, APPALOOSA, or PAINT ONLY

OKLAHOMA-BRED RACING STOCK REGISTRYAPPLICATION $\overline{BYBREED}*$

APPLICATION DEADLINES AND FEES BY BREED: Foals in year of birth by December 31\$ 25 Yearlings by June 1 of yearling year\$ 50 All racing stock after June 1 of yearling year through December 31 of three-year-old year\$ 500 All racing stock on or after January 1 of four-year-old year and up\$ 1,000 APPROPRIATE FEE MUST BE SUBMITTED WITH AP ANSWER ALL QUESTIONS. If none or not applicable, so ALL REQUIREMENTS MUST BE MET BY DECEMBER 31 OLD YEAR OR APPLICATION WILL BE REJECTED WIT		RECEIPT # / WO # R AMOUNT \$ CHECK # PROCESSED BY DATE PROCESSED OKB #
A. FOAL INFORMATION: Name of Foal		Unnamed:YesNo
Breed Embryo Transfer:	YesNo	Shipped Semen:YesNo
Registration No Sex	Color	Foaling Date
Sire	Breed	OK-Bred No.
Dam	Breed	OK-Bred No.
Farm or ranch where foal was born:		
Farm Name and Address	City	State
B. BROODMARE INFORMATION (If necessary, contact previous Owner (at time of breeding): Location of Broodmare duringpregnancy: Farm Name and Address Any other locations where mare was kept and dates Mare bred back to Name of Stallion	City	
C. SIRE INFORMATION (for foal identified in Section A): Ox	wner of stallion at time of breedi	ing:
Where did stallion stand for service: City & State	Farm Na	nme
In which state did breeding occur:Far	m name where breeding occurre	ed:
Farm Name and Address	City	State
Dates of breeding (for foal identified in Section A):		

*Complete a separate application for each breed.

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D.	OWNERSHIP INF	ORMATION:							
	This Ownership is in	n reference to the foal	named			·			
	If unnamed, name of	f Dam			·				
		orrect name(s) of the ortificate of Registratio		this foal. The nam	e of the owner(s)) must conform to	o the current ownership		
	(Ownership Name exactly as shown on Certificate of Registration, or will be shown, if registration is pending)								
	Address								
		treet or Box		City		State	Zip		
	AC/Phone ()		SSN or Federal T	ax ID No				
	If ownership is that of a Partnership, Syndicate, Corporation, Stable Name, etc., (other than one individual or a husband and wife), provide name and address of authorized agent or managing partner to whom correspondence is to be mailed:								
	Authorized Agent o Partner (if different		Address	City	State	Zip	AC/Phone		
	I understand that Agency by Dece time as the Orig participate in acceplease initial inI certify The required R.	mber 31 of the horse's inal or Replacement Corredited Oklahoma-Brathe space provided if a that the Original or Registration fee (see fee	e Original or Replace three-year-old year Certificate of Registre ed races or be eligible the following applie. Replacement Certificate schedule).	tement Certificate will result in the rejection bears the office for Oklahoma-Brs. ate of Registration	of Registration to ection of this app icial Oklahoma-E ed awards. has been applied	lication. I furthe Bred stamp, the h	Bred Program Registering r understand that until such orse will not be eligible to a vailable. WILL BE REJECTED.		
ownershorse the Coof that that that the submodule confinence of the confinence of th	ership interest in this ho e has authorized me to a commission. I further commission. I further commission may blothe Commission may blothe death of this horse should be death of this application will be kepteration process by the approach information will be kepteration process by the approach information process in the process in th	certify that the information of Commission, the law bood-type this foal and either all be reported to the Coon is subject to disclosurs who submit information from public access. It is policant not providing all average and the commission of the	of the filing of this docu pplication form and the on supplied on this form is of the United States ther or both of its parent paramission within 30 day are under the Open Reconnection to public bodies have astly, I understand that I required documents a	ument. I further cert nat I have full power in is complete and co- of America, the State ts if they are owned b ays of such occurrence cords Act of Oklahor we no right to keep su at this application wil and/or information by THE FORE	ify that each perso and authority to a crect. I agree to co of Oklahoma, Mu by the applicant(s). e. I further underson and that, except ach information fro 1 be rejected with December 31	n or entity having of receive any request omply with the Rull nicipalities and oth At the time stand that this where specific and the receive of the horse. D KNOWING	ownership interest in this sted or related documents from es of Racing and Directives are subdivisions thereof. I agree of this signing, the horse is alive application and any information State or Federal statute creates as nor reasonable expectation that f fees for failure to complete the sthree-year-old year.		
	Print:								
		Print Name of Ap	oplicant						
	Sign:	G*4	.1° 4		Date:				
		Signature of App	plicant						
NOT	F. APPLICATION	FORMS MAY CHAN	GE DI EASE CONTA	CT THE OHDC EAG	TH VEAD FOD IN	EODMATION DE	GARDING ANY CHANGES		

Make checks payable to: Oklahoma Horse Racing Commission ("OHRC"). Please submit completed application(s) with required documents and the correct fee(s) to the following address:

OKLAHOMA-BRED PROGRAM REGISTERING AGENCY

Oklahoma Horse Racing Commission 2800 N. Lincoln Blvd, Suite 220 Oklahoma City, OK 73105