CLICK HERE TO CLEAR FORM

OKLAHOMA-BRED TRANSFER OF OWNERSHIP REPORT

INSTRUCTIONS:

- A copy of the updated Registration Certificate for the horse reflecting this transfer of ownership ***and*** the appropriate transfer fee *(by breed below)* must accompany this form.
- All applicable questions must be answered or the transfer may not be processed by the Commission.
- The filing of an **Oklahoma-Bred Transfer of Ownership Report** and **W-9 Form** is necessary in order for the new owner(s) of an accredited Oklahoma-Bred horse to be eligible to receive purse supplement, broodmare, and stallion award payments from the Oklahoma-Bred Program, as administered by the Oklahoma Horse Racing Commission under provisions of OHRC *Rules of Racing* and Title 3A Oklahoma Statute, Chapter 2. It is the responsibility of the current horse owner (purchaser) to notify the Oklahoma-Bred Registering Agency (the Commission) of ownership change.

FOR OFFICE USE ONLY
Rec # / WO # **R**
Amount **$**
Check #
Processed by
Date Proc'd

PLEASE PRINT or TYPE ALL REQUIRED INFORMATION

BREED: **(Choose ONLY ONE)** ☐ Thoroughbred **($25)** ☐ Quarter Horse **($25)** ☐ Appaloosa **($25)** ☐ Paint **($25)**

REGISTRY: **(Choose ONLY ONE)** ☐ Racing Stock ☐ Broodmare ☐ Stallion

NAME OF HORSE:_____ **OK-BRED #** (if known): _____

IMPORTANT – DATE OF SALE (month, day & year): _____

Print Name of New Owner(s) as of Date of Sale: _____

Email Address:_____

Mailing Address: _____
Street or Box # City State Zip

Social Security or Federal Tax ID #:_____ Phone (_____) _____

Signature of Owner or Authorized Agent:_____ Date Signed: _____

NOTE: If **Broodmare or Stallion**, provide new domicile location, including physical address & directions to location where Broodmare or Stallion may be inspected (P.O. BOX IS NOT ACCEPTABLE FOR LOCATION ADDRESS): _____

_____

_____

Beginning Date of Domicile at Above Location: _____

~ MULTIPLE OWNERSHIP INFORMATION ~

If ownership in the above-stated horse is that of a Partnership, Stable Name, Corporation, Estate, Trust, Syndicate, Husband and Wife, etc. (ownership name other than the name of an individual real person), **you must complete the following.**

Managing Owner to whom correspondence, etc. should be directed:

Name:_____

Address: _____
Street or Box # City State Zip

Social Security or Federal Tax ID #:_____ Phone (_____) _____

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