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THOROUGHBRED ONLY

OKLAHOMA-BRED RACING STOCK REGISTRY APPLICATION

APPLICATION DEADLINES AND FEES:

Foals in year of birth by December 31. \$ 50
 Yearlings in yearling year by December 31. \$ 150
 Two-year-olds in two-year-old year by December 31. \$ 450
 Racing stock in three-year-old year by December 31. \$ 750
 Racing stock after December 31 of three-year-old year. \$1,000

FOR OFFICE USE ONLY	
RECEIPT # / WO #	R _____
AMOUNT \$	_____
CHECK #	_____
PROCESSED BY	_____
DATE PROCESSED	_____
OKB #	_____
DATE REGISTERED	_____

- APPROPRIATE FEE MUST BE SUBMITTED WITH APPLICATION.
- ANSWER ALL QUESTIONS. If none or not applicable, so indicate.
- ALL REQUIREMENTS MUST BE MET BY DECEMBER 31 OF HORSES THREE-YEAR-OLD YEAR OR APPLICATION WILL BE REJECTED WITH NO REFUND OF FEE.

A. FOAL INFORMATION: Name of Foal _____ Unnamed: _____ Yes _____ No _____

Registration No. _____ Sex _____ Color _____ Foaling Date _____

Sire _____ Breed TB _____ OK-Bred No. _____

Dam _____ Breed TB _____ OK-Bred No. _____

Farm or ranch where foal was born: _____

Farm Name and Address _____ City _____ State _____

B. BROODMARE INFORMATION (If necessary, contact previous owner(s) for correct information):

Owner (at time of breeding): _____

Owner (at time of foaling): _____

Location of Broodmare during pregnancy: _____

Farm Name and Address _____ City _____ State _____

Any other locations where mare was kept and dates _____

Mare bred back to _____

_____ Name of Stallion _____ Location of Sire (City and State) _____

C. SIRE INFORMATION (for foal identified in Section A): Owner of stallion at time of breeding: _____

Where did stallion stand for service: City & State _____ Farm Name _____

In which state did breeding occur: _____ Farm name where breeding occurred: _____

Farm Name and Address _____ City _____ State _____

Dates of breeding (for foal identified in Section A): _____

D. OWNERSHIP INFORMATION:

This Ownership is in reference to the foal named _____.

If unnamed, name of Dam _____.

Print the true and correct name(s) of the owner(s) of record of this foal. The name of the owner(s) must conform to the current ownership as shown on the Certificate of Registration:

(Ownership Name exactly as shown on Certificate of Registration, or will be shown, if registration is pending)

Address _____
Street or Box City State Zip

AC/Phone () Email SSN or Federal Tax 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 or Managing Partner (if different from Owner) Address City State Zip AC/Phone

E. DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION FORM:

1. The Original or Replacement Certificate of Registration (Photocopies are not acceptable).
I understand that failure to submit the Original or Replacement Certificate of Registration to the Oklahoma-Bred Program Registering Agency by December 31 of the horse's three-year-old year will result in the rejection of this application. I further understand that until such time as the Original or Replacement Certificate of Registration bears the official Oklahoma-Bred stamp, the horse will not be eligible to participate in accredited Oklahoma-Bred races or be eligible for Oklahoma-Bred awards.
Please initial in the space provided if the following applies.
_____ I certify that the Original or Replacement Certificate of Registration has been applied for and is not yet available.
2. The required Registration fee (see fee schedule).
3. ALL CHECKS AND BANK DRAFTS MUST BE SIGNED; OTHERWISE, ALL DOCUMENTS WILL BE REJECTED.

I, the undersigned owner or authorized agent, certify that I have full power and authority to execute and file this application and that each person or entity having ownership interest in this horse has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this horse has authorized me to complete and file this application form and that I have full power and authority to receive any requested or related documents from the Commission. I further certify that the information supplied on this form is complete and correct. I agree to comply with the *Rules of Racing* and Directives of the Oklahoma Horse Racing Commission, the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof. I agree that the Commission may blood-type this foal and either or both of its parents if they are owned by the applicant(s). At the time of this signing, the horse is alive and the death of this horse shall be reported to the Commission within 30 days of such occurrence. I further understand that this application and any information submitted with this application is subject to disclosure under the Open Records Act of Oklahoma and that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep such information from public access nor reasonable expectation that such information will be kept from public access. Lastly, I understand that this application will be rejected with no refund of fees for failure to complete the registration process by the applicant not providing all required documents and/or information by December 31 of the horse's three-year-old year.

I HAVE READ AND UNDERSTAND THE FOREGOING AND KNOWINGLY AND VOLUNTARILY ATTACH MY SIGNATURE HEREUNTO.

Print: _____
Print Name of Applicant

Sign: _____ Date: _____
Signature of Applicant

NOTE: APPLICATION FORMS MAY CHANGE. PLEASE CONTACT THE OHRC EACH YEAR FOR INFORMATION REGARDING 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, Ste 220 Oklahoma
City, OK 73105
(405) 943-6472 ~ Fax (405) 943-6474 ~ www.ohrc.org