

# 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: \_\_\_\_\_

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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