

THOROUGHBRED ONLY

OKLAHOMA-BRED STALLION REGISTRY APPLICATION

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

APPLICATION DEADLINES AND FEES:

- Stallion by February 1 of breeding year \$ 225
- Stallion after February 1 but before June 30 of breeding year, but not retroactive \$ 400
- Stallion reaccreditation hardship application \$ 200 plus application fee
- Stallion reaccreditation by February 1 of breeding year \$ 225
- Stallion reaccreditation after February 1 but before June 30 of breeding year, but not retroactive \$ 400

- **APPROPRIATE FEE & COPY OF CERTIFICATE OF REGISTRATION SHOWING CORRECT OWNERSHIP MUST BE SUBMITTED WITH APPLICATION (ownership on Certificate of Registration must match ownership on application).**
- **CHECKS & BANKDRAFTS MUST BE SIGNED; OTHERWISE, DOCUMENTS WILL BE REJECTED.**
- **ALL REQUIREMENTS MUST BE MET WITHIN ONE (1) YEAR FROM DATE SUBMITTED TO OHRC OR APPLICATION WILL BE REJECTED WITH NO REFUND OF FEE. ANSWER ALL QUESTIONS. IF NONE OR NOT APPLICABLE, PLEASE SO INDICATE.**

A. STALLION INFORMATION:	IS THIS A REACCREDITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Stallion _____				
Registration No. _____				
Residence/Location of stallion (do not use P.O. Box):				
()				
Farm Name and Address	City	State	Zip	AC/Phone
Name of Farm or Stallion Manager _____		AC/Phone () _____		
Beginning date of domicile at above location _____		Previous Location, if known _____		
A mailing address, such as a post office box number, does not always provide the necessary information regarding the location of the stallion. Please provide detailed instructions for finding the physical location of the ranch or farm where the stallion stands for service and may be inspected. Attach separate sheet and map, if necessary. _____				

B. OWNERSHIP INFORMATION:					
Ownership Name <u>Exactly</u> as shown on Certificate of Registration, or will be shown if registration is pending.					
Owner Address _____					
Street or Box	City	State	Zip		
AC/Phone () _____		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), furnish name and address of authorized agent or managing partner to whom correspondence is to be mailed.					
()					
Name	Address	City	State	Zip	AC/Phone
(If different from owner)					
_____ Number of individuals with an ownership interest in this entity. If more than one individual has an ownership interest in this entity, you are required to submit together with this application a list of all such individuals including the percentage of ownership for each individual.					

C. DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION FORM:

1. A photocopy (front and back) of the Original or Replacement Certificate of Registration showing correct ownership.
I understand by signing below that failure to submit a photocopy of the Original or Replacement Certificate of Registration to the Oklahoma-Bred Program Registering Agency within one (1) year of application submission will result in the rejection of this application with no refund of fees.
2. Copies of any applicable lease forms.
3. Copies of all applicable partnership or syndicate agreements or in the case of a corporation, copies of the Articles of Incorporation and By-laws.
4. List of partners with percentage ownership.
5. The required Registration fee (see fee schedule).
6. CHECKS & 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 any resulting 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 within one (1) year from the date the application is submitted to the Oklahoma Horse Racing Commission.

**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 FORM MAY CHANGE, CONTACT THE OHRC EACH YEAR FOR NEW APPLICATION FORMS AND NOTICES OF RULE 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
2401 NW 23rd Street, Suite 78
Oklahoma City, OK 73107
(405) 943-6472 ~ Fax (405) 943-6474 ~ www.ohrc.org**