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## QUARTER HORSE, APPALOOSA or PAINT ONLY

## OKLAHOMA-BRED BROODMARE REGISTRYAPPLICATION BY BREED\*

**DUALBREED** 

APPLICATION DEADLINES AND FEES BY BREED:		APPL.FEE:	RECEIPT #/ WO # R
By December 31 of year prior to foaling	\$ 35	\$60	AMOUNT \$
Under late application (after December 31 and prior to foa			CHECK#
Hardship application (mares registered as racing stock but		200 PV	PROCESSED BY
not transferred to broodmare	\$ 200 PLU appl. fee	JS \$ 200 PL appl. fee	DATE PROCESSED
Reaccreditation by December 31 of year prior to foaling.	\$35	\$ 60	OKB#
Reaccreditation after December 31 and prior to foaling			DATEREGISTERED
APPROPRIATE FEE & COPYOFCERTIFICATE OF SUBMITTED WITHAPPLICATION (ownership on Certif CHECKS& BANKDRAFTSMUST BE SIGNED, OTHERW ALLREQUIREMENTS MUST BE METWITHIN ONE (1) BE REJECTED WITH NO REFUND OFFEE. ALLQUES PLEASESO INDICATE. A W-9 Form is required in order	ficate of Registration m VISEDOCUMENTS W YEAR FROM DATES STIONS MUST BEAN	ust match ownersh TLLBEREJECTE UBMITTEDTO OI SWERED. IFNON	nip on application). D. HRC ORAPPLICATIONWILL
A. BROODMARE INFORMATION:	IS THIS AREA	CCREDITATIO	ON? YES NO
Name of Broodmare	Breed	Registrati	on No
Residence/Location of broodmare (do not use P.O. Box):			( )
Farm Name and Address City	State	Zip	AC/Phone
Provide detailed instructions for finding the physical location.  Attach separate sheet and map, if necessary.	n of the ranch or farm wi	nere broodmare is do	miciled and may be inspected.
Beginning date of domicile at above location	Previous location,	if known	
Is Broodmare in foal?Breeding year?	If yes, name of stallion		
B. OWNERSHIP INFORMATION:			
	CD 11.1	1 'C '	· · · ·
Ownership Name Exactly as shown on Certificate of			is pending.
Email Address		<del></del>	
Owner Address Street or Box	City	State	Zip
AC/Phone () If ownership is that of a Partnership, Syndicate, Corporation, name and address of authorized agent or managing partner to	SSN or Federal 7, Stable Name, etc. (other o whom correspondence	Tax ID No than one individual is to be mailed.	or a husband and wife), furnish
Name Address Ci (If different from owner)	ity Stat	e Zip	AC/Phone
Number of individuals with an ownership interest you are required to submit together with this application a list	in this entity. If more that of all such individuals in	n one individual has a cluding the percentag	an ownership interest in this entity, ge of ownership for each individual.

\*Complete a separate application for each breed.

FOR OFFICE USE ONLY

## 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 or foal sharing agreements.
- 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.
- 7. W-9 form is required

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
2800 N Lincoln Blvd, Ste 101
Oklahoma City, OK 73105
(405)943-6472 Fax (405) 943-6474 www.ohrc.ok.gov
Email documents to: okbred@ohrc.ok.gov

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