

# OKLAHOMA-BRED BROODMARE REGISTRY APPLICATION BY BREED\*

**REGISTRATION DEADLINES AND FEES:**

**DUALBREED  
REG. FEE**

By December 31 of year prior to foaling .....\$ 35 .....\$ 60  
 Under late application (after December 31 and prior to foaling) ..\$ 70 .....\$ 120  
 Hardship Application (mares registered as Racing Stock but  
 not transferred to Broodmare) ..... \$ 200 PLUS .... \$ 200 PLUS  
 reg. \$ 35 fee reg. \$35 fee  
 Re-accreditation (OK-Bred broodmares that foaled in another  
 jurisdiction then returned to Oklahoma to resume domicile) ... Same as above... Same as above

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

- **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. ALL QUESTIONS MUST BE ANSWERED. IF NONE OR NOT APPLICABLE, PLEASE SO INDICATE.**

<b>A. BROODMARE INFORMATION:</b>	<b>IS THIS A RE-ACCREDITATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Broodmare _____ Breed _____ Registration 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 of the ranch or farm where broodmare is domiciled and may be inspected. Attach separate sheet and map, if necessary.	
_____	
_____	
Beginning date of domicile at above location _____ Previous location, if known _____	
* Is Broodmare in foal? _____ Breeding year? _____ If yes, name of stallion _____	

<b>B. OWNERSHIP INFORMATION:</b>	
_____ 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.	

\*Double-registered horses

