QUARTER HORSE, APPALOOSA or PAINT ONLY

OKLAHOMA-BRED BROODMARE REGISTRY APPLICATION *BY BREED**

APPLICATION DEADLINES AND FEES BY BREED:		DUAL BREED APPL. 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 appl. fee	$ 200 PLUS appl. fee
Reaccreditation by December 31 of year prior to foaling	$ 35	$ 60
Reaccreditation after December 31 and prior to foaling	$ 70	$ 120

FOR OFFICE USE ONLY

RECEIPT # / WO # R _____

AMOUNT $ _____

CHECK # _____

PROCESSED BY _____

DATE PROCESSED _____

OKB # _____

DATE REGISTERED _____

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

A. BROODMARE INFORMATION:

IS THIS A REACCREDITATION? ☐ **YES** ☐ **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. OWNERSHIP INFORMATION:

_____

Ownership Name Exactly 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 (If different from owner) | City | State | Zip | AC/Phone

_____ 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.

***Complete a separate application for each breed.**

NOTE: APPLICATION MUST BE COMPLETED, SIGNED AND DATED ON PAGE 2.

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.

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