

# THOROUGHBRED ONLY

## OKLAHOMA-BRED BROODMARE REGISTRY APPLICATION

### APPLICATION DEADLINES AND FEES:

- Broodmare by December 31 of year prior to foaling ..... \$ 75
- Broodmare after December 31 and prior to foaling ..... \$ 150
- Broodmare hardship application ..... \$ 200 plus application fee
- Broodmare reaccreditation by December 31 of year prior to foaling ... \$ 75
- Broodmare reaccreditation after December 31 and prior to foaling ... \$ 150

<i>FOR OFFICE USE ONLY</i>	
RECEIPT #/ WO #	<b>R</b>
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.

<b>A. BROODMARE INFORMATION:</b>	<b>IS THIS A REACCREDITATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Broodmare _____ 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 _____
(If different from owner)		(       ) 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.			

