

4b. Legal Name: _____ Percentage of Ownership: _____ %

Social Security Number: _____ Date of Birth: _____

City, State: _____ Daytime Phone: (____) _____

4c. Legal Name: _____ Percentage of Ownership: _____ %

Social Security Number: _____ Date of Birth: _____

City, State: _____ Daytime Phone: (____) _____

4d. Legal Name: _____ Percentage of Ownership: _____ %

Social Security Number: _____ Date of Birth: _____

City, State: _____ Daytime Phone: (____) _____

5. **STATEMENT OF HORSE OWNERSHIP:** Provide the following information on ALL horse(s) which will race in Oklahoma under the name listed on this Ownership Registration during this license period. (Attach Additional Sheets If Necessary)

HORSE(S) NAME	AGE	BREED	TRAINER'S FULL NAME

6. YES Are any of the above listed horses leased? If "YES", provide the following information:

NO

Name of Horse: _____

Name of Lessee: _____ Name of Lessor: _____

7. **IMPORTANT - THE MANAGING OWNER FROM QUESTION 4a. MUST READ, SIGN AND HAVE NOTARIZED THE FOLLOWING**

I understand that the Commission may require additional information regarding the ownership interest in the multiple ownership registration of this entity. I hereby certify that all ownership interests have been disclosed in full; all organization documents regarding this entity are attached hereto; and each ownership interest herein listed has full knowledge of the filing of this document and the stated division of ownership interest as evidenced by the corporate minutes wherein I am authorized to act on behalf of the corporation or syndicate as managing owner, if the entity is a partnership or husband and wife; or by the probate or trust documents. I further certify that I am the authorized Managing Owner for this entity and that all statements herein are complete and true. I understand that failure to disclose all information accurately may result in disciplinary action by a Board of Stewards and/or the Commission, refusal to approve, denial or revocation of the registration of this Ownership Name and/or any occupation license issued in conjunction with the registration of this Ownership Name. I understand that any information submitted with relation to this application is subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that except where State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access nor reasonable expectation that this information will be kept from public access. I have read and understand the above and knowingly and voluntarily attach my signature hereunto.

SIGNATURE OF MANAGING OWNER

DATE

Signed or attested before me this _____ day of _____, 20_____.

(SEAL)

My Commission expires: _____

NOTARY PUBLIC