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THOROUGHBRED ONLY

OKLAHOMA-BRED STALLION REGISTRY APPLICATION

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

APPLICATION DEADLINES AND FEES:

- Stallion by February 1 of breeding year \$ 225
- Stallion after February 1 but before June 30 of breeding year, but not retroactive \$ 400
- Stallion reaccreditation hardship application \$ 200 plus application fee
- Stallion reaccreditation by February 1 of breeding year \$ 225
- Stallion reaccreditation after February 1 but before June 30 of breeding year, but not retroactive \$ 400

- **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. ANSWER ALL QUESTIONS. IF NONE OR NOT APPLICABLE, PLEASE SO INDICATE.**

A. STALLION INFORMATION:	IS THIS A REACCREDITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Stallion _____	
Registration No. _____	
Residence/Location of stallion (do not use P.O. Box):	
Farm Name and Address	City State Zip () AC/Phone
Name of Farm or Stallion Manager _____ AC/Phone ()	
Beginning date of domicile at above location _____ Previous Location, if known _____	
A mailing address, such as a post office box number, does not always provide the necessary information regarding the location of the stallion. Please provide detailed instructions for finding the physical location of the ranch or farm where the stallion stands for service and may be inspected. Attach separate sheet and map, if necessary. _____	

B. OWNERSHIP INFORMATION:	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. _____	
Email Address: _____	
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.	

