



HORSE RACING PROGRAMS ♦ IL DEPT. OF AGRICULTURE ♦ STATE FAIRGROUNDS ♦ PO.BOX 19281 SPRINGFIELD, IL 62794-9281 ♦ GENERAL INFORMATION (217) 782-4231 ♦ QUARTER HORSE (217) 785-0107 FAX (217) 524-6194 ♦ TDD (217) 524-6858 www.agr.state.il.us

ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM ANNUAL APPLICATION FOR STALLION CERTIFICATION

OWNER: _____

DATE: _____

PLEASE NOTE: RENEWAL APPLICATION MUST BE SUBMITTED PRIOR TO SERVICING MARES OF THE CERTIFICATION YEAR (2010) OR BE SUBJECTED TO MONETARY PENALTY. APPLICATIONS FOR NEW STALLIONS MUST BE SUBMITTED PRIOR TO SERVICING MARES.

NAME OF STALLION: _____ A.Q.H.A. REG. NO. _____
JOCKEY CLUB NO. _____

SIRE: _____ DAM: _____ YR. OF FOALING: _____

The following is being sought for the "Illinois Department of Agriculture Racing Quarter Horse Stallion Listing". If you wish this information to be included, please indicate: Service Fee _____
Check here if Transported Fresh Semen is an option: _____

{WHEN APPLYING FOR STALLION CERTIFICATION THE FIRST TIME OR UNDER NEW OWNERSHIP, COMPLETE ITEMS 1 AND 6. WHEN APPLYING FOR A STALLION RENEWAL COMPLETE ITEMS 3 THROUGH 6. TYPE OR PRINT REQUIRED INFORMATION IN INK.}

→ FIRST TIME CERTIFICATION (OR NEW OWNERSHIP), PLEASE COMPLETE AND COMPLY WITH THE FOLLOWING:

- 1. OWNER AND MAILING ADDRESS (ATTACH ADDITIONAL PAGES IF NECESSARY. NOTE: ALL INDIVIDUAL OWNERS MUST BE INDICATED HERE UNLESS OWNERSHIP IS VESTED IN CORPORATION OR SYNDICATE.):

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

- 2. SEND A PHOTOCOPY OF THE AMERICAN QUARTER HORSE ASSN. OR JOCKEY CLUB CERTIFICATE OF REGISTRATION, REFLECTING PRESENT OWNER, AS RECORDED BY THAT ASSOCIATION.

→ RENEWALS -AS WELL AS STALLIONS APPLYING FOR FIRST TIME CERTIFICATION -COMPLETE THE FOLLOWING:

- 3. COMPLETE THE ENCLOSED OWNERSHIP AFFIDAVIT STATING THE OWNERS, ADDRESSES, AND PERCENTAGES OF OWNERSHIP. **WHEN APPLYING FOR RENEWAL, AFFIDAVIT NEED NOT BE RETURNED IF ALL OWNERSHIP INFORMATION, INCLUDING OWNER ADDRESS, IS SAME AS PREVIOUS YEAR.**

(PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.)

IMPORTANT NOTICE: This state agency is requesting disclosure of information to accomplish the statutory purpose as outlined under 230ILCS 5. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-1614(2-00).

HORSE RACING PROGRAMS ♦ QUARTER HORSE STALLION APPLICATION

4. THIS STALLION STOOD FOR SERVICE DURING 2009 AT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

OR, STALLION DID NOT STAND FOR SERVICE IN 2007 ()

5. THIS STALLION WILL STAND FOR SERVICE DURING 2010 AT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

IF SAME AS 4 CHECK HERE ()

PLEASE NOTE: THE DEPARTMENT MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN THE LOCATION OF THIS STALLION. POLICY TO BE EFFECTIVE THROUGHOUT ENTIRE YEAR OF CERTIFICATION.

6. LESSEE AND MAILING ADDRESS (NOTE: CURRENT YEAR FORMAL LEASE DOCUMENT MUST BE ON FILE WITH THE DEPARTMENT OF AGRICULTURE):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

PLEASE READ THE FOLLOWING SECTION CAREFULLY. YOUR SIGNATURE SIGNIFIES THAT YOU HAVE READ AND WILL COMPLY WITH THE REQUIREMENTS FOR CERTIFYING A STALLION WITH THE ILLINOIS RACING QUARTER HORSE BREEDERS FUND PROGRAM.

- ***I understand*** that the Department of Agriculture must be notified immediately of any change in the location of this stallion.
- ***I understand*** that immediate notification must be given to the Department of Agriculture if this stallion leaves the state in the year for which licensed.
- ***I understand*** that this stallion must not stand for service outside of the State of Illinois during the year for which certified.
- ***I understand*** that the Department of Agriculture must be notified immediately of any change in ownership or owner address of this stallion.
- ***I understand*** that if this stallion is leased, a copy of that lease must be filed with, and approved by, the Department of Agriculture.
- ***I understand*** that records must be kept and a report filed on Department of Agriculture forms September 1 of each year of all mares bred, first and last breeding dates, and complete name and address of the mare owners.
- ***I understand*** that any violation of these stallion certification requirements or Department of Agriculture stallion regulations may result in disqualification from the Illinois Racing Quarter Horse Breeders Fund Program of any foals sired by this stallion during the year for which certified.

SIGNATURES (BOTH SIGNATURES REQUIRED WHEN THE STALLION IS LEASED):

OWNER: _____ LESSEE: _____

THIS APPLICATION MUST BE SUBMITTED TO:

**HORSE RACING PROGRAMS, IL DEPT. OF AGRICULTURE
P.O. BOX 19281, SPRINGFIELD, IL 62794-9281**