



HORSE RACING PROGRAMS • IL DEPT. OF AGRICULTURE • STATE FAIRGROUNDS • P.O. BOX 19281 • SPRINGFIELD, IL 62794-9281 • GENERAL INFORMATION (217) 782-4231 • STANDARD BRED (217) 785-0105 ♦ FAX (217) 524-6194 • TDD (217) 524-6858

NEW APPLICATION
ILLINOIS STANDARD BRED BREEDERS FUND PROGRAM
ANNUAL APPLICATION FOR STALLION CERTIFICATION

OWNER:

DATE:

2010

PLEASE NOTE: RENEWAL APPLICATION MUST BE SUBMITTED PRIOR TO JANUARY 1 OF THE CERTIFICATION YEAR OR BE SUBJECT TO MONETARY PENALTY. APPLICATIONS FOR NEW STALLIONS MUST BE SUBMITTED PRIOR TO SERVICING MARES.

NAME OF STALLION: _____ TATTOO NO. _____

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

The following is being sought for the "Illinois Department of Agriculture Stallion Listing". If you wish this information to be included, please indicate: Service Fee _____ Check here if Transported Fresh Semen within the State is an option: _____
Circle one of the following if the horse will be racing during the year Yes / No Date stallion will be at standing
Location _____

→ FIRST TIME CERTIFICATION (OR NEW OWNERSHIP), PLEASE COMPLETE THE FOLLOWING SECTION (1-4):

1. PLEASE INDICATE PARTY FROM WHOM STALLION WAS ACQUIRED:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

2. PURCHASE DATE: _____

3. ATTACH TO THIS APPLICATION ITEMS CONCERNING PROOF AND RIGHT OF OWNERSHIP. IF BEING PURCHASED ON CONTRACT, ATTACH SIGNED AGREEMENT. IF PAID FOR BY CHECK, ATTACH CANCELED CHECK. IF PAID IN CASH, ATTACH NOTARIZED AFFIDAVIT FROM SELLER. IF STALLION WAS PURCHASED AT AUCTION SALE ATTACH PURCHASE RECEIPT. IF STALLION WAS A GIFT, ATTACH NOTARIZED STATEMENT FROM PREVIOUS OWNER. IF TRADE WAS INVOLVED, PREPARE NOTARIZED STATEMENT GIVING NAME AND DESCRIPTION OF ANIMAL(S), SERVICES, AND/OR PROPERTY INVOLVED AND APPRAISED VALUE OF SAME.

ATTACH COPY OF, OR GIVE ANY INFORMATION AS TO ANY AGREEMENT OR UNDERSTANDING REGARDING REPURCHASE BY THE PREVIOUS OWNER, FREE OR REDUCED SERVICE FEES, OR ANY CONCESSIONS WHATSOEVER TO THAT PERSON. ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED AND WILL BE RETURNED BY CERTIFIED MAIL.

4. SEND UNITED STATES TROTTER ASSOCIATION CERTIFICATE OF REGISTRATION, REFLECTING PRESENT OWNER, AS RECORDED BY THAT ASSOCIATION. PHOTOCOPIES WILL NOT BE ACCEPTED; ORIGINAL WILL BE RETURNED TO YOU BY CERTIFIED MAIL.

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

5. COMPLETE THE ENCLOSED OWNERSHIP AFFIDAVIT STATING THE OWNER(S), ADDRESSES, THE DATE OWNER ILLINOIS RESIDENCY WAS ESTABLISHED, AND PERCENTAGE OF OWNERSHIP. AFFIDAVIT **MUST BE NOTARIZED AND RETURNED WITH APPLICATION.** (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.)

6. THIS STALLION STOOD FOR SERVICE DURING 2011 AT:

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

OR, STALLION DID NOT STAND FOR SERVICE IN 2011 ()

7. THIS STALLION WILL STAND FOR SERVICE DURING 2012 AT:

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

IF SAME AS #6 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.

8. 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: _____

9. 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 STANDARDBRED 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 certified.
- ***I understand*** that this stallion must not stand for service outside of the State of Illinois during the year for which certified and further that semen from this stallion must not be shipped outside of Illinois.
- ***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, the owner and lessee of the stallion must be qualified Illinois residents and a copy of that lease must be filed with, and approved by, the Department of Agriculture.
- ***I certify*** that I am, and will be, a resident of Illinois and have been for the twelve months prior to the date for which this stallion is certified.
- In the event of multiple ownership, ***I certify*** that all persons involved in the ownership of this stallion are, and will be, residents of Illinois and have been for twelve months prior to the date for which this stallion is certified.
- ***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 further understand that a report must be filed even if the stallion was not used for breeding purposes during the year for which certified.
- ***I understand*** that any violation of these stallion certification requirements or Department of Agriculture stallion regulations may result in disqualification from the Illinois Standardbred 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**