

# ILLINOIS DEPARTMENT OF AGRICULTURE STANDARD BRED BREEDERS FUND PROGRAM

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## INSTRUCTIONS FOR RENEWAL APPLICATIONS FOR STANDARD BRED STALLIONS

To renew the certification of your stallion with the Illinois Department of Agriculture's Standardbred Breeders Fund Program, please submit the enclosed Renewal Application no later than **December 31, 2016**. Applications received after December 31<sup>st</sup> will be subject to a monetary penalty. If your stallion has died, is to be sold or will not be used for breeding purposes in 2017, *please contact this office*.

1. **Complete the Annual Application for Stallion Certification.** Be sure to sign the back page and return before **December 31, 2016** to this office. The Renewal Application **will not be accepted** without the written signature of the owner, which signifies that he/she has read and understands the requirements for standing a stallion certified with the Illinois Standardbred Breeders Fund Program.
2. **If the ownership of the stallion has or will change**, in any respect, please contact this office immediately. If the stallion is to be certified under the new ownership, a new 2017 Application for Stallion Registration will be prepared and mailed. **Any changes**, regardless of how minor, must be reported immediately.
3. **Ownership address changes** must be reported to the Department. Please use the enclosed Ownership Affidavit for changes. Further, after filing the Annual Application for Stallion Registration, the owner must notify the Department immediately of any changes in ownership or owner address.
4. **In the event that the stallion is leased**, lessee must be an Illinois resident, and provide a copy of current, signed, and notarized formal lease document. The lease must include effective commencement and termination dates. **IMPORTANT: Both signatures, owner's and lessee's, are required** on the Application.
5. **If the location of the stallion changes for any reason - or for any period of time - after the Application has been filed, it is the owner or lessee's responsibility to notify the Department immediately of that change.** If the reported standing location is to change, we will issue a new Stallion Eligibility Certificate to be delivered by one of our Investigators.
6. **If you plan to race this stallion** during the year for which he is certified with the Department as a breeding stallion you must notify the Department of your intent and this office must be apprized of his whereabouts. Permission must be obtained if you are racing him out-of-state. Under no circumstances may he service mares at any location other than the reported standing location.
7. **Transported Fresh Semen and Embryo Transfers.** Transporting fresh semen from Illinois-registered stallions is allowed provided both the mare and stallion are in Illinois at the time of collection and insemination and the Illinois Department of Agriculture is properly notified. **Mares are to be identified at the insemination location by a Department of Agriculture representative.** You will find a procedures sheet enclosed, as well as a Transported Fresh Semen Report form. **Please, if you plan to transport semen from your Illinois stallion, we are asking that you advise the mare owner/manager of his/her responsibility in filing these forms with the Department.** Additional Report forms are available upon request. **Please review the new requirements for participating in the embryo transfer program.** A copy of the Rules pertaining to "Embryo Transfers" (Section 290.85 - Qualifications for Illinois Conceived and Foaled Standardbred Horses) is enclosed.
8. **Any questions**, call (217) 785-0106. Return completed Application by **December 31** to:

ILLINOIS DEPARTMENT OF AGRICULTURE  
BUREAU OF COUNTY FAIRS & HORSE RACING  
P.O. BOX 19281 ♦ SPRINGFIELD, ILLINOIS 62794-9281  
217/785-0106 ♦ Fax: 217/524-6194  
agr.horseracing@illinois.gov  
[www.agr.state.il.us](http://www.agr.state.il.us) / Horse Racing



Bruce Rauner, Governor  
Raymond Poe, Director

HORSE RACING PROGRAMS • IL DEPT. OF AGRICULTURE • STATE FAIRGROUNDS • P.O. BOX 19281 • SPRINGFIELD, IL  
62794-9281 • GENERAL INFORMATION (217) 782-4231 • STANDARDDBRED (217) 785-0106 • FAX (217) 524-6194 • TDD (217) 524-6858

**ILLINOIS STANDARDDBRED BREEDERS FUND PROGRAM  
ANNUAL APPLICATION FOR STALLION CERTIFICATION**

**2017**

OWNER:

- RENEWAL APPLICATIONS MUST BE SUBMITTED PRIOR TO JANUARY 1 OF THE LICENSE YEAR.

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. OWNERSHIP LISTED ON THIS APPLICATION MUST MATCH RECORDS LISTED WITH USTA. VERIFICATION WILL BE MADE VIA PATHWAY.

→ **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.)

6. THIS STALLION STOOD FOR SERVICE DURING 2016 AT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OR, STALLION DID NOT STAND FOR SERVICE IN 2016 ( )

7. THIS STALLION WILL STAND FOR SERVICE DURING 2017 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 STANDARD BRED 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**



### STANDARD BRED STATEMENT OF OWNERSHIP

Name of Standardbred Stallion \_\_\_\_\_.

On this Affidavit, identify the owner(s) name(s), resident address(es), date owner(s) Illinois residency was established and the percentage of ownership of all owners of this stallion. Attach additional pages if necessary.

OWNERS NAMES & COMPLETE ADDRESS	PERCENTAGE OF OWNERSHIP	DATE OWNERS IL RESIDENCY ESTABLISHED (or, if IL native, list date of birth)
1. _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE	_____	_____
2. _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE	_____	_____
3. _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE	_____	_____
4. _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE	_____	_____
5. _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE	_____	_____

I hereby certify that this information is true and correct and that the above stallion meets all of the requirements for Illinois registration.

\_\_\_\_\_  
(Signature of Stallion Owner)