STALLION REGISTRATION APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 18843 (10-2015)

Date Received

For Commission Use Only

NDRC Number
Date
By

Please Type or Print Clearly - Complete Entire Form. Incomplete forms will be unrecorded and returned.

☐ Thoroughbred ☐ Quarter Horse ☐ Standardbred ☐ Arabian ☐ Paint ☐ Other

Note: In order for the owner of a stallion to participate in the North Dakota Breeders' Fund, this form must be received by the ND Racing Commission (NDRC) Breeders' Fund Administrator no later than February 1 of the current breeding season. The stallion's original foal certificate must be received by the ND Breeders' Fund prior to payment of any breeders' award payments.

Registration Fee: $20.00

Checks Payable To: North Dakota Racing Commission

Mail To: ND Breeders' Fund
ND Racing Commission
500 North 9th Street
Bismarck ND 58501-4509

For More Information: (701) 328-4633
//racingcommission.nd.gov

Name of Stallion	Initially Registered As A Foal ☐ Yes ☐ No		Foal Certificate Number	Date
Location Where Stallion is Standing During the Current Breeding Season				
Farm Name, if applicable	Email Address			County
City	State	ZIP Code	Telephone Number	Cell Phone Number

☐ Owner ☐ Lessee of Stallion (If leased, a copy of the lease agreement must accompany this application.)

Name of Owner/Lessee			Owner/Lessee Social Security Number	
Address	Email Address			County
City	State	ZIP Code	Telephone Number	Cell Phone Number

I certify that the foregoing information is true and correct to the best of my knowledge, and that it is submitted for the purpose of participating in the North Dakota Breeders' Fund pursuant to Chapter 69.5-01-09 et al. I acknowledge that failure to provide complete and accurate information, or submission of false information, shall be grounds for disqualification from participation in the Breeders' Fund and may subject me to civil and/or criminal prosecution. I hereby consent to on-site inspections by the North Dakota Racing Commission or its designee to verify the foregoing information.

Signature of Stallion Owner/Lessee or Agent

State	County

Signed and sworn to (or affirmed) before me this

Date

Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of laws or regulations. Penalty for applicant not including the Social Security Number on their application will cause the application to not be processed.