

ILLINOIS DEPARTMENT OF AGRICULTURE QUARTER HORSE BREEDERS FUND PROGRAM

STALLION RENEWAL FOR 2020

To renew the certification of your stallion with the Illinois Department of Agriculture's Quarter Horse Breeders Fund Program, return the enclosed Renewal Application **prior to December 31, 2019**. If your stallion has died, is to be sold, or will not be used for breeding purposes, please notify the office.

1. **Complete the Annual Application for Stallion Certification.** Be sure to sign the back page and return before **December 31, 2019**. *The Renewal Application will not be accepted without the written signature of the owner.*

Per the Illinois Horse Racing Act of 1975. The late filing penalty for the late filing of a Renewal Application for Stallion Certification (**due before January 1st**) is as follows:

1 - 30 days late	\$ 50.00
31 - 45 days late	\$150.00
more than 45 days late	\$250.00

2. **If the ownership of the stallion has changed in any respect**, please contact this office immediately as a new Application for Stallion Certification must be submitted and approved prior to covering or inseminating any mares.
3. **Ownership address changes** must also be reported to the Department immediately.
4. **In the event that the stallion is leased**, lessee must provide a copy of current, signed, lease document. The lease must include effective commencement and termination dates. **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 - it is the owner's or lessee's responsibility to notify the Department immediately.** A new Stallion Eligibility Certificate will then be issued and delivered by a State Investigator.
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.** 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. Please review the Transported Semen Procedures sheet and the Transported Fresh Semen Report form for further information.

RETURN THIS FORM 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

kelly.beck@illinois.gov

<https://www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/Quarter-Horse-Racing.aspx>

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

2020

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: _____ 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, THE DATE OWNER'S ILLINOIS RESIDENCY WAS ESTABLISHED, 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).

4. THIS STALLION STOOD FOR SERVICE DURING 2019 AT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

OR, STALLION DID NOT STAND FOR SERVICE IN 2019

5. THIS STALLION WILL STAND FOR SERVICE DURING 2020 AT: (IF SAME AS 4 CHECK HERE)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

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: _____

RETURN THIS FORM TO:

DEPARTMENT OF AGRICULTURE, HORSE RACING PROGRAMS
P.O. BOX 19281, SPRINGFIELD, ILLINOIS 62794-9281
TELEPHONE: (217) 782-4231 • FAX: (217) 524-6194 • TDD: (217) 524-6858

kelly.beck@illinois.gov

<https://www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/Quarter-Horse-Racing.aspx>



STATEMENT OF OWNERSHIP

Name of Quarter Horse or Thoroughbred Stallion _____.

On this Affidavit, identify the owner(s) name(s), resident address(es), and the percentage of ownership of all owners of this stallion.

Is this stallion syndicated? Yes No Is this stallion owned by a corporation? Yes No

(If you answered yes to either of the above questions, please list individual shareholders or stockholders below.)

OWNER(S) NAME(S) AND ADDRESS(ES):

PERCENTAGE OF OWNERSHIP

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	_____
6.	_____			
	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)

Date