

ILLINOIS DEPARTMENT OF AGRICULTURE STANDARD BRED BREEDERS FUND PROGRAM

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, 2020**. Applications received after December 31st 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 2020, *please let us know*.

1. **Complete the annual Application for Stallion Certification.** Be sure to sign the back page and return by **December 31, 2020** 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 2020 Application for Stallion Certification 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 Statement of Ownership form for changes. Further, after filing the annual Application for Stallion Certification, 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 notified 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.** Pursuant to the Department of Agriculture's proposed rule changes you no longer have to file a Transported Fresh Semen Report with the Department. Furthermore, Department employees will no longer have to verify that the mare was in Illinois at the time of conception. NEW STATUTORY LANGUAGE allows for the out of state transportation of fresh semen from an Illinois registered stallion, and further allows that any resultant foals will be eligible for registration as Illinois Conceived and Foaled horses only from January 1, 2018 until January 1, 2022 www.ilga.gov/legislation/ilcs/documents/023000050K31.htm. **Mares bred by artificial insemination must be indicated on the Record of Mares Bred report due September 1 of each year.**
8. **Embryo Transfers.** Please review the 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.

Any questions, call 217/785-0106. Return completed Application by **December 31, 2020** 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 ♦ carrie.tisckos@illinois.gov
www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/default.aspx

HORSE RACING PROGRAMS • IL DEPT. OF AGRICULTURE • STATE FAIRGROUNDS • P.O. BOX 19281 • SPRINGFIELD, IL
62794-9281 • GENERAL INFORMATION (217) 782-4231 • STANDARDTBRED (217) 557-4606 • FAX (217) 524-6194 • TDD (866) 287-2999

ILLINOIS STANDARDTBRED BREEDERS FUND PROGRAM
ANNUAL APPLICATION FOR STALLION CERTIFICATION

OWNER:

2019

- **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 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.)

(PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.)

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6. THIS STALLION STOOD FOR SERVICE DURING **2019** AT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

OR, STALLION DID NOT STAND FOR SERVICE IN **2019** ()

7. THIS STALLION WILL STAND FOR SERVICE DURING **2020** 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 that semen from this stallion may be shipped outside of Illinois and the resultant foals will be eligible for registration as an Illinois conceived and foaled horse from January 1, 2018 until January 1, 2022.
- ***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 listing all mares bred, first and last breeding dates, **transported fresh semen must be indicated** 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.

Table with 3 columns: OWNERS NAMES & COMPLETE ADDRESS, PERCENTAGE OF OWNERSHIP, DATE OWNERS IL RESIDENCY ESTABLISHED (or, if IL native, list date of birth). Rows 1-5 for owner information.

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)