FOAL REGISTRATION APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 18845 (12-2015)

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 foal to participate in the North Dakota Breeders' Fund, this form must be received by the ND Racing Commission (NDRC) Breeders' Fund Administrator by **December 31 of the birth year of the foal**. The dam of the foal must be entered into the Breeder's Fund prior to foaling.

Registration Fee: $10.00

Check 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 Foal, if known					
Sire	Certificate Number	Dam	Certificate Number	Dam's Breeders Registry Number	Date in Fund
Description of Foal:	Sex ☐ Male ☐ Female	Foaling Date	Color		
Markings					

Foaling Location (farm name, if applicable)	Email Address	Telephone Number		Cell Phone Number
Address	City	State/Province	ZIP Code	County

Owner of Foal:	Name	Owner's Social Security Number		
Address	City	State/Province	ZIP Code	County
Email Address		Telephone Number		Cell Phone Number

☐ **Owner of Stallion** ☐ Lessee of Stallion at time of foaling	Name	Owner's Social Security Number		
Address	City	State/Province	ZIP Code	County
Email Address		Telephone Number		Cell Phone Number

☐ **Owner of Mare** ☐ Lessee of Mare at time of foaling	Name	Owner's Social Security Number		
Address	City	State/Province	ZIP Code	County
Email Address		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 Current Owner of Foal or Owner's 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.