



**TRANSFER OF OWNERSHIP**  
**NORTH DAKOTA RACING COMMISSION**  
 SFN 61288 (08-2017)

Date Received
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**Mail Completed Form To:**  
 ND Breeders Fund  
 North Dakota Racing Commission  
 500 N 9th Street, Bismarck, ND 58501-4509  
 Email: [sdasinger@nd.gov](mailto:sdasinger@nd.gov)  
 (701) 328-4633 Fax: (701) 328-4280  
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

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

Return form promptly, including horse certificate, if it needs to be stamped. The certificate will be returned after stamping.

Name of Horse		Breeders' Fund Number	
Sire	Dam		Foaling Date
Registered in Breed Fund as a Foal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Registered	Breed	
Registered in Breed Fund as a Broodmare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Registered	Certificate Number	
Registered in Breed Fund as a Stallion? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Registered	Are the horse papers stamped ND Bred? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Previous Owner's Information**

First Name		Middle Initial	Last Name		
Home Telephone Number		Cell Phone	Other Telephone Number		
Address		City		State	ZIP Code
County	Email Address		Date of Transfer		

**Current (New) Owner's Information**

First Name		Middle Initial	Last Name		
Home Telephone Number		Cell Phone	Other Telephone Number		
Address		City		State	ZIP Code
County	Email Address		Social Security Number*		
Current Location of Horse					

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	Date
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**Disclosure of Social Security Number**

\* 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 racing database to determine eligibility for licensure and detect violations of law or racing regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.