ILLINOIS DEPARTMENT OF AGRICULTURE
QUARTER HORSE BREEDERS FUND PROGRAM

INSTRUCTIONS FOR NEW
QUARTER HORSE or THOROUGHBRED STALLIONS
or
CHANGE IN OWNERSHIP FROM PREVIOUS YEAR

1. Please Read Instructions Carefully Before Submitting Application.

2. Complete and submit the APPLICATION FOR STALLION CERTIFICATION. ***Application must be submitted prior to covering mares.***

3. Submit either a photocopy of the AQHA Certificate of Registration or Jockey Club Certificate (front and back - showing ownership information).

4. Complete and submit the Illinois STATEMENT OF OWNERSHIP which lists the owners, their addresses and percentages of ownership.

5. **Leased Stallions** - In the event that the stallion is leased, a copy of a signed formal lease must be provided to be placed in the stallion's file. Terms of the lease must encompass the current year registration and include an inception and termination date. The Lessee section on the Application needs to be completed. ***The Application will not be accepted without the signature of the stallion owner and the lessee.***

6. **Movement Of Stallions** - If the location of the stallion is to change for any reason - or any period of time - after the application has been filed, it is the owner's or lessee's responsibility to provide ***immediate*** notification to the Department of that change. If the reported standing location is to change, a new Stallion Eligibility Certificate will be issued and delivered by a Department investigator. The registration of a stallion for a given year is not complete until such horse has been identified at, and the Stallion Eligibility Certificate delivered to, the reported standing location.

7. **Stallions In Training Or Racing** - If you plan to train or race the stallion during the year for which he is registered 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 the State of Illinois. Under no circumstances should he service mares at any location other than the reported standing location.

8. **Transported Fresh Semen.** Transporting fresh semen from Illinois-certified 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. You will find a procedures sheet enclosed, as well as a sample of the Transported Fresh Semen Report the Department uses. If you plan to transport semen from your Illinois stallion, please advise the mare owner/manager of his/her responsibility in filing these forms with the Department. Additional Report forms are available upon request.

RETURN 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
tim.edwards@illinois.gov
https://www2.illinois.gov/sites/agr/Animals/HorseRacing/Pages/Quarter-Horse-Racing.aspx

Illinois Department of Agriculture

JB Pritzker, Governor
Jerry Costello II, Director

ILLINOIS QUARTER HORSE BREEDERS FUND PROGRAM
ANNUAL APPLICATION FOR STALLION CERTIFICATION

2024

PLEASE NOTE: 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 2023 AT:

NAME:_____

ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

OR, STALLION DID NOT STAND FOR SERVICE IN 2023 ☐

5. THIS STALLION WILL STAND FOR SERVICE DURING 2024 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:

ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF COUNTY FAIRS & HORSE RACING
P.O. BOX 19281 ♦ SPRINGFIELD, ILLINOIS 62794-9281
217/557-4606 ♦ Fax: 217/524-6194
https://agr.illinois.gov/animals/horseracing/quarter-horse-racing.html

Illinois Department of Agriculture

Bureau of County Fairs and Horse Racing
P.O. Box 19281, Springfield, IL 62794-9281
217/782-4231 • Fax 217/524-6194

QUARTER HORSE 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