



OFFICIAL APPLICATION FORM
ACCREDITATION OF FLORIDA QUARTER HORSE STALLIONS

Name of Stallion _____ Year of Birth _____ By _____

Out of _____ By _____

Year Stallion will have/had First Foals of racing age _____ Owner _____

Street Address _____ City _____ State _____ Zip _____

Federal ID# _____ or Social Security _____

Phone _____ Home _____ Work _____ Cell _____

Email _____

Name of Syndicate Manager (if applicable) _____ Syndicate Name _____

Syndicate Manager's Federal ID# _____ or Social Security _____

Farm Where Stallion Stands _____ Owner of Farm _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Home _____ Work _____ Cell _____

Email _____

NOTE: PLEASE SEE STALLION FORM APPENDAGE FOR INSTRUCTIONS ON REGISTRATIONS.

This application must be on file at the office of the Florida Department of Agriculture and Consumer Services in order for the stallion owner or syndicate manager to receive stallion awards.

I hereby certify that the above is true. I assume full responsibility for the registration of this stallion and the information provided. If the stallion is later proved to be ineligible due to registration based upon false or fraudulent information, (1) the stallion owner or syndicate manager (whichever the case) shall not be eligible to receive awards, (2) must return whatever monetary considerations I have received, (3) I will be denied the privilege of registering other stallions for award benefits, (4) I will forever be denied the privilege of all stallion awards in the State of Florida.

I further certify that the above named stallion was standing at stud in the State of Florida when this application was filed and when his produce that are eligible to race in the State of Florida were conceived.

I agree that if this stallion is moved beyond the boundaries of Florida for the purpose of standing at stud in another state or country, I will immediately notify the Florida Department of Agriculture and Consumer Services & FQHRA.

SCHEDULE OF FEES

A completed and signed official application form must be filed annually for each stallion to be registered. There is a one-time registration fee (\$100.00 - \$150 for non-members) and then an annual renewal fee (\$40.00). New stallions standing in Florida for the first time shall have their application filed and their fees paid within 30 days after breeding their first mare or by February 15, whichever is later. After that date, there is a late fee (\$60.00) charged for registration. Annual fees are due on or before February 15 of each year with a late fee being charged after that date to July 31. Checks payable to: FQHRA

Stallion application will not be accepted after July 31.

For 2008 only, stallions may be accredited through 12/31/08 for foals conceived in 2008 or before.

Signature _____ Print Name _____

Date _____ Email _____

Address Communication to: Florida Bred Quarter Horse Program, 9085 Magnolia Hill Drive, Tallahassee, FL 32309
Tel(850)386-3619 Fax(850) 386-5779

Office Use Only \$ _____ Fee Paid _____ / _____ / _____ Date _____ Payment Type _____