

**KENTUCKY THOROUGHBRED BREEDERS' INCENTIVE FUND
AUTHORIZED AGENT FORM**



KENTUCKY HORSE RACING COMMISSION

4063 Ironworks Parkway, Building B * Lexington, KY 40511 * Phone: 859-246-2847 * Fax: 859-246-2887
www.khrc.ky.gov

This form cannot be altered without the written consent of the agent and the KHRC. Date _____, 20__

AGENT INFORMATION

To the Kentucky Horse Racing Commission, I have this day appointed:

_____	_____		
(Print Name of Agent)	(Print Associated Farm if Applicable)		
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____	_____	_____	
(Phone Number)	(Fax Number)	(E-Mail Address)	

to act for me in the application for the Kentucky Thoroughbred Breeders' Incentive Fund ("KBIF") for the period indicated below. Said appointee, as my duly appointed and authorized agent, shall have full power and authority to act for me in any and all matters and to execute any and all documents in connection with or arising out of the application to said KBIF. I understand that the (KBIF) requires that in order for the mare to qualify she must remain in the Commonwealth of Kentucky from the first cover until foaling. I further understand that the representations of my agent may subject me to penalties under Section 9 of 810 KAR 1:070 if an application is filed for a mare that is proved to be ineligible due to false or misleading information provided on the application which is not corrected or if there is a knowing violation of the administrative regulation. Penalties include but are not limited to (1) the denial or revocation of the registration; (2) being forever barred from registering foals for the KBIF; and (3) civil and criminal penalties under the laws of the Commonwealth of the Kentucky for providing fraudulent information. **THIS AGENCY DESIGNATION IS REVOCABLE ONLY IN WRITING.**

<p>The duration of agency shall be for the breeding year of the date above unless otherwise indicated here: Through and including applications for the breeding year (date) 20__ Initials _____</p>
--

_____	_____		
(Print Name of Breeder)	(Print Associated Farm if Applicable)		
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____	_____	_____	
(Phone Number)	(Fax Number)	(E-Mail Address)	

(Signature of Breeder)			

The foregoing instrument was acknowledged before me on the _____ day of _____ 20__

by _____
(Name of Breeder)

My commission expires _____ 20__

(Signature of Notary Public)