



**APPLICATION FOR REGISTRATION OF KENTUCKY
AFFILIATE WITH THE KENTUCKY HORSE
BREEDERS' INCENTIVE FUND
(KHRC 7-050-1, (10/2021))**

4063 Iron Works Parkway, Building B, Lexington, KY 40511
Phone: 859-246-2847 Email: Kbif.khrc@ky.gov Fax: 859-246-2887
khrc.ky.gov

Please print clearly

<u>Official name of state affiliate:</u>
<u>Contact Info:</u>
<u>Address:</u>
<u>Phone:</u> _____ <u>Fax:</u> _____
<u>E-Mail:</u>

All Applications shall adhere to requirements of 810 KAR 7:050 section 2. Please attach additional pages as needed to comply with 810 KAR 7:050 Section 2.

AFFIDAVIT OF REGISTRATION INFORMATION BY KENTUCKY AFFILIATE REPRESENTATIVE. I hereby certify that the information on this form is correct, and that I understand that if the information on the form changes and the form is no longer correct I am required to amend the form within thirty (30) days after the information changes. I agree I may be subject to civil and criminal penalties under the laws of the Commonwealth of the Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the Kentucky Horse Racing Commission upon request to confirm information submitted with this registration, or registration may be denied, suspended or revoked.

KENTUCKY AFFILIATE REPRESENTATIVE – print name _____ **Signature and Date** _____