



**CLAIM FORM OF INCENTIVE WINNER FOR AWARD  
FROM THE KENTUCKY HORSE BREEDERS'  
INCENTIVE FUND (KHRC 7-050-2, (10/2021))**

**KENTUCKY HORSE RACING COMMISSION**  
4063 Iron Works Parkway, Building B, Lexington, KY 40511  
Phone: 859-246-2847 Email: [Kbif.khrc@ky.gov](mailto:Kbif.khrc@ky.gov) Fax: 859-246-2887  
[khrc.ky.gov](http://khrc.ky.gov)

Please print clearly.

Under the Kentucky Horse Breeders' Incentive Fund you have qualified for the following incentive:

Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Incentive Earned: \$ \_\_\_\_\_

Incentive Winner: \_\_\_\_\_

The address provided by the state affiliate to the KHRC:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Social Security Number\*)  
*\*Required for Processing*

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail Address)

**AFFIDAVIT BY INCENTIVE WINNER:** I hereby certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission in this application may subject me to all applicable penalties under KRS Chapter 230, Title 810, and any other applicable penalty available under Kentucky law. I hereby certify that the horse listed on this form is eligible for an award from the KHBIF and did not earn incentive funds from another approved Kentucky affiliate pursuant to 810 KAR 7:050 in the applicable year. I understand that failure to meet any requirement contained in 810 KAR 7:050 may subject me to the penalties contained therein and other applicable penalties provided by Kentucky statute or regulation. I agree to promptly provide any additional information requested by the Commission and all filings are subject to audit by the Commission.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Registration Deadline and Requirements:**

1. The incentive winner will have until **December 31<sup>st</sup>** of the year following the year in which an incentive was won to claim the incentive.
2. Forms will **NOT** be processed without a valid **Social Security Number or Tax ID.**

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Received by: \_\_\_\_\_  
(KHRC Staff)

Date: \_\_\_\_\_ Time: \_\_\_\_\_