

KSDF/KSBIF AUTHORIZED AGENT FORM
811 KAR 1:215

KENTUCKY HORSE RACING COMMISSION
4063 Iron Works Parkway, Building B, Lexington, KY 40511
Telephone: 859-246-2847 * Facsimile: 859-246-2887
<http://khrc.ky.gov>

_____, 20__

This is to certify that I, _____,
(Name)

_____, _____,
(Address) (City)

_____, have appointed _____,
(State) (Name)

_____, _____,
(Address) (City)

_____, as my authorized agent to perform all duties and responsibilities associated
(State)

with the Kentucky Standardbred Development Fund and the Kentucky Standardbred Breeders' Incentive Fund.

Signature

Printed Name

Subscribed and sworn to before me this _____ day of _____, 20__

Commission expires _____
(NOTARY PUBLIC)

The KSDF/KSBIF Stallion Certificate of Eligibility, KHRC 215-2 (7/13), to the Kentucky Standardbred Development Fund and Kentucky Standardbred Breeders' Incentive Fund must accompany this form.

****THIS FORM MUST BE POSTMARKED BY DECEMBER 31ST OF EACH BREEDING SEASON****