## STATE OF CALIFORNIA

REGULATION PROHIBITING DRUGGING OF HORSES

DEPARTMENT OF FOOD AND AGRICULTURE

ANIMAL HEALTH BRANCH

## APPLICATION TO REGISTER EQUINE EVENT

1220 N Street, Rm. A-107, Sacramento, CA 95814

For more information please call: (916) 657-5050 or (916) 657-5230 Fax: (916) 651-7299

RETURN ALL PAGES OF APPLICATION TO REGISTER THE EVENT RETURN BY: E-MAIL TO EMMP @ CDFA.CA.GOV OR USPO

76-024A (Rev.01/08)

INSTRUCTIONS: As provided by the Food and Agricultural Code of California, Chapter 8, Division II, Section 24015 (a), each public horse show, horse sale or horse competition shall be registered with the Department of Food and Agriculture. In order to comply with the law the information below must be received by the Department at least thirty (30) Days prior to the occurrence of any such public horse/mule event. Please save this document and mail or e-mail as an attachment to

EMMP @ CDFA.CA.GC	)V	ASSESSMENT RATE:	\$5.00 per horse
NAME OF PUBLIC HORSE SH	OW, SALE OR OTHER COMPETITION		EVENT NUMBER (do not write here. CDFA only)
FACILITY NAME		DATE FROM (mm/dd/yyyy)	DATE TO (mm/dd/yyyy) STARTING TIME
GEOGRAPHIC LOCATION (Sti	eet No, crossroads, other geographic descr	iption)	
CITY	COL	INTY	NUMBER OF ANIMALS EXPECTED/ESTIMATED
SPONSOR OF EVENT			YOUR WEB PAGE (If available)
EVENT KIND Western, English	ı, etc.		
financially responsible for the of fees. "Event manager" incl "Event Manager" includes h	event that is_responsible for registering udes horse show secretaries and manage	the event with the department, and who is re ers, competitive event managers, and horse sa competitive event managers, and horse sa	
LAST NAME		FIRST NAME	
MAILING ADDRESS			APT/SUITE#
CITY		STATE	ZIP CODE
HOME TELEPHONE	WORK TELEF	PHONE	FAX PHONE OR EMAIL
( <del></del>		ONTACT (Requested if Applicable	
LAST NAME	FIRST NAME	HOME TELEPHONE	WORK TELEPHONE
			!

By my signature, I hereby certify that I am the "Event Manager" of the event listed in item #1 above, understand that I must provide ALL EVENT MANAGER INFORMATION requested above in order for this registration application to be processed, and am financially responsible by California law to forward all due fees to the California Department of Food and Agriculture. Furthermore, I understand that in accordance with Section 24015 of the California Food and Agricultural Code that failure to properly register this event subjects me to a civil penalty of not less than \$100 or more than \$2500. The standard first time civil penalty imposed is \$500.



TYPE NAME OR SIGNATURE OF PERSON REGISTERING EVENT	DATE SIGNED	DATE REMITTED	DATE CANCELLED

STATE OF CALIFORNIA	REGULATION F	PROHIBITING DRUGGING OF HO	RSES		
DEPARTMENT OF FOOD AND AGRICULTURE	SESSMENT RE	PORT FOR REG	ISTERED EVE	NT	
ANIMAL HEALTH BRANCH		I OIXI I OIX IXEC		■ ■ APPLICATION TO REGISTER THE EVENT	
1220 N Street, Rm. A-107, Sacramento, CA 95 For more information please call: (916) 657-5 Fax: (916) 651-7299				:MMP @ CDFA.CA.GOV_ OR USPO 76-024A (Rev.01/08)	
INSTRUCTIONS: As provided by	the Food and Agricu	Itural Code of California	a, Chapter 8, Division I	l, Section 24015 (a), each	
public horse show, horse sale or					
to comply with the law the infor			-		
occurrence of any such public ho	orse/mule event. Plea				
EMMP @ CDFA.CA.GOV		ASSESSMENT	RATE: \$5.00 per hors	e	
NAME OF PUBLIC HORSE SHOW, SALE OR O	THER COMPETITION		EVENT NUMBER	R (do not write here. CDFA only)	
FACILITY NAME		DATE FROM (mm/dd/y	yyy) DATE TO (mm/	/dd/yyyy) STARTING TIME	
			to:		
GEOGRAPHIC LOCATION (Street No, crossroa	ds, other geographic descriptio	n)			
CITY	COUNTY	/	NILIMPED	OF ANIMALS EXPECTED/ESTIMATED	
	COSNIT		Nowigen	OF ANIMALS EXTECTED/ESTIMATED	
SPONSOR OF EVENT			YOUR WE	B PAGE (If available)	
EVENT KIND Western, English, etc.					
IF FVFNT IS POST	PONED OR CANCELLE	D FOR ANY REASON PLE	ASE NOTIFY CDEA IMA	MEDIATELY.	
24001 (b) of the California Food and Agric financially responsible for the event that is re of fees. "Event manager" includes horse show secon "Event Manager" includes horse show secon LAST NAME	esponsible for registering the own secretaries and managers, c	event with the department, and ompetitive event managers, an	who is responsible for the ass d horse sale managers and sal	sessment, collection, and remittance e owners.	
				)	
MAILING ADDRESS				APT/SUITE#	
CITY		Yc	TATE	ZIP CODE	
			IAIL	ZII CODE	
	(WODY TELEPINO		VELY BUILDING OR FILL		
HOME TELEPHONE	WORK TELEPHO	NE	FAX PHONE OR EMA	IL	
				)	
ALTERNATE CONTACT (Requested if Applicable)					
LAST NAME	FIRST NAME	HOME TELEPHON	E WOI	RK TELEPHONE	
				)	
			PAYMENT DATE		
PAYMENT SECTION - Enclose fees o	ollected on the total numb	per of horses entered or sold	in		
the above-named public horse even	t in compliance with Chap	ter 8, Division II, Section 240	12 40. #HORSES ASSESSED		
of the Food and Agricultural Code of		cks 40 through 44), SIGN ar	d 41. X \$5.00 EACH		
RETURN completed ASSESSMENT I  Make remittance payable to CASH			42. PENALTY ( Line 41 X .1	0)10%	
			43. AFTER 30 DAYS(Line 4	12 X .015) X # Months	
			44. AMOUNT DUE (Add lii		
			44. AMOUNT DUE (Add III	11ES 41 (11IU 45)	
<u>PENALTY &amp; INTEREST INFORMATION</u> filed (postmarked) and assessments					
TYPE NAME OR SIGNATURE OF PERSON REG	ISTERING EVENT	DATE SIGNED	DATE REMITTED	DATE CANCELLED	

## STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE ANIMAL HEALTH BRANCH 1220 N Street, Rm. A-107, Sacramento, CA 95814 For more information please call: (916) 657-5050 or (916) 657-5230 Fax: (916) 651-7299 RETURN BY: E-MAIL TO EMMP @ CDFA.CA.GOV\_OR USPO Fax: (916) 651-7299 T6-024A (Rev.01/08) INSTRUCTIONS: As provided by the Food and Agricultural Code of California Chapter 8. Division II. Section 24015 (a) each

INSTRUCTIONS: As provided by the Food and Agricultural Code of California, Chapter 8, Division II, Section 24015 (a), each public horse show, horse sale or horse competition shall be registered with the Department of Food and Agriculture. In order to comply with the law the information below must be received by the Department at least thirty (30) Days prior to the occurrence of any such public horse/mule event. Please save this document and mail or e-mail as an attachment to

occurrence of any such public h EMMP @ CDFA.CA.GOV	orse/mule event. Please sav	ve this document and ASSESSMENT RATI		attachment to
NAME OF PUBLIC HORSE SHOW, SALE OR C	OTHER COMPETITION		EVENT NUMBER (d	o not write here. CDFA only)
FACILITY NAME		DATE FROM (mm/dd/yyyy)	to: DATE TO (mm/dd.	/yyyy) STARTING TIME
GEOGRAPHIC LOCATION (Street No, crossro	ads, other geographic description)			
CITY	COUNTY		NUMBER OF	ANIMALS EXPECTED/ESTIMATED
SPONSOR OF EVENT			YOUR WEB P.	AGE (If available)
EVENT KIND Western, English, etc.				
<b>24001 (b) of the California Food and Agri</b> financially responsible for the event that is of fees. "Event manager" includes horse show see	icultural Code states that "Event Mai responsible for registering the event w ow secretaries and managers, competi	- PRIMARY SHOW CONTAC nager" means the person in cl vith the department, and who i tive event managers, and horse	T narge of an event, including s responsible for the assess e sale managers and sale o	g the entity or individual ment, collection, and remittance wners.
LAST NAME		FIRST NAME		
MAILING ADDRESS			Af	PT/SUITE#
CITY		STATE		ZIP CODE
HOME TELEPHONE	WORK TELEPHONE		FAX PHONE OR EMAIL	
	ALTERNATE CONTACT	(Requested if Applicat		
LAST NAME	FIRST NAME	HOME TELEPHONE	WORK 1	TELEPHONE
PAYMENT SECTION: Enclose fees collect sold in the above-named public horse escition 24012 of the Food and Agricultus through 44), SIGN and RETURN complet Make remittance payable to CASHIER, PENALTY & INTEREST INFORMATION: In at 1.5% per month for late payment if this paid within 15 days of the public horse she herein.  By my signature, I hereby certify that I am tunderstand that I must provide ALL EVEN registration application to be processed, at fees to the California Department of Food at	event in compliance with Chapter 8, lural Code of California. Complete (Buted ASSESSMENT REPORT with PAYN CDFA - 21002  NCLUDE: ten percent (10%) penalty plureport is not filed (postmarked) and as low, horse competition or horse sale nather "Event Manager" of the event listed am financially responsible by California Agriculture. Furthermore, I understand Agriculture. Furthermore, I understand am financially responsible by California (10%).	Division II, Blocks 40 40 AENT. 41 us interest 42 usessments 42 umed 43 ed in item #1 above, 44 ded above in order for this ornia law to forward all due 45 stand that in accordance with		41 thru 43)  ornia Food and Agricultural Code
that failure to properly register this event so TYPE NAME OR SIGNATURE OF PERSON RE	· · · · ·	DATE SIGNED	O. The standard first time of DATE REMITTED	DATE CANCELLED