Arizona Department of Agriculture (AZDA)
Central Licensing
Physical Location: 1010 W Washington St., Phoenix, AZ 85007
Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007
Phone: (602) 542-3578   Fax: (602)542-0466
W: https://agriculture.az.gov Email: licensing@azda.gov

For ADA/ESD Use Only
License No.: _____
Check # _____
Check Date: _____
Check Amount: _____
Line # _____

Registry of Equine Rescue Facilities Application

Facility Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address (if different from above) _____

City _____State _____ Zip Code _____

Telephone Number _____   Fax Number _____

Contact Person Name _____   Phone Number_____

Email Address _____

Documents required to accompany this application:

o   Letter from a licensed veterinarian dated within fifteen days of this filing, certifying that the facility is not
     inadequate with respect to any of the Arizona Equine Rescue Standards and attach a signed copy of the
     completed Arizona Equine Rescue Standards veterinary checklist. These standards can be obtained from
     http://www.aaep.org/pdfs/rescue_retirement_guidelines.pdf

o   Documents demonstrating current non-profit corporation status as filed with the Arizona Corporation Commission.
     These documents can be obtained from the Corporation Commission through a records request for a Certificate
     of Good Standing at http://www.azcc.gov/divisions/corporations/certgoodstanding.asp.

Check ONLY one box below

☐ Check this box only if documents filed with this registration will be posted to the ADA Web Site

☐ Check this box and provide a link to these documents on another rescue site. _____

A $75.00 annual registration fee must also accompany this application.

Return this application along with your fee to the address above. Please make check or money orders payable to the
Arizona Department of Agriculture-ESD. Our goal is to process the application as timely as possible, normally this takes
less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

I hereby apply to have the facility named above listed on the Equine Rescue Facility Registry, pursuant to A.R.S. § 3-1350
and A.A.C. R3-2-708. By my signature below, I agree to conduct business according to the Arizona Equine Rescue
Standards. The information contained in this application is true and accurate. I understand providing false information in
the State of Arizona is a felony.

By (Print or type) _____

Title _____ Date _____

Signature _____