Registry of Equine Rescue Facilities Application

Nonprofit Corporation __________________________

Facility Name (if different from Corporation name) _________________________________________________________________

Facility's Physical Address __________________________
City   State   Zip Code

Facility's Contact Person Name __________________________ Telephone Number ________________________

Contact Person’s Mailing Address (if different from Facility) ________________________________________________________________
City                                                                           State               Zip Code

Documents required to accompany this application:

Letter from a licensed veterinarian that
  o Is dated within 15 days of the application;
  o Certifies that the facility is adequate with respect to any of the Arizona Equine Rescue Standards 1, and

Documents demonstrating the nonprofit corporation owning the facility has a current status of good standing in the state. Instructions for obtaining a certificate of good standing are found at http://www.azcc.gov/divisions/corporations/certgoodstanding.asp

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

* A nonprofit corporation with multiple facilities must submit a separate application package and fee for each facility/location where horses are kept.

Check ONE box below:

The Department should post the documents submitted on the Registry website.

The Department should link to the documents submitted, which are posted on the facility's website: ____________________________

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 the application is true and accurate. I understand providing false information in the State of Arizona is a felony.

By (print or type) ____________________________________________ Date ______________________

Signature