

OWNER CODE APPLICATION

Name To Be Recorded		FREE
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1. OWNER:

FULL NAME		ID # ⁽²⁾ :	
Full Address:			
City:	County:	Zip Code:	Tel.:
E-mail:	Cell #:	Fax:	
Country:			

2. FARM ADDRESS:

Property or establishment:			
City:	Zip Code:	County:	
Contact Person:	E-mail:		
Tel:	Cell #:	Fax:	
Country:	Website:		

SELECT ADDRESS FOR RECEIPT OF DOCUMENTS

1

2

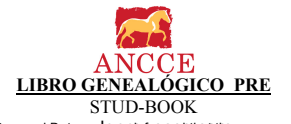
On20.....
Write date in full

Owner Signature:

-DOCUMENTATION TO BE INCLUDED:

Initial Owner Report

¹⁾ If a picture of the BRAND is available, send it to LGStudBook@usprea.com
²⁾ Indicate ID / Passport / Social Security Number / Drivers License



DATA PROTECTION. - In keeping with the mandates of article 5 of Law 15/199, dated December 13 (published in State Gazette, B.O.E. on December 14, 1999), which refers to the Protection of Personal Data, the information contained herein will be incorporated in the LGPRE ANCCE General File, regulated by the Law of 27-07-1994, modified by the Law of 26-03-1999. In terms of the said data, you may exercise your right to access, alteration and cancellation, according to the terms indicated in Law 15/1999. www.lgpreancce.com



INITIAL OWNER REPORT

NAME OF Owner:	
Name of Business:	

HORSE		Sex (2)	Birth year	HORSE		Sex (2)	Birth year
Code.(1)				Code.(1)			
Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			
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Name.				Name.			
Code.				Code.			
Name.				Name.			
Code.				Code.			
Name.				Name.			

(1) 9 last digits of codigo or Covering Certificate

(2) Write: S: Stallion G: Gelding M: Mare

In the city of, on 200.....
(Write date in full)

Signature:
OWNER