

Appendix 3: Forms

AP305

FOSH Inspection Program

31 Canyon Rd.
Herriman, Utah 84096
(801) 254-9369
dqp@FOSH.info

Request to Affiliate Horse Show

In order to obtain the services of a USDA Certified FOSH DQP for your show, this application form and a check for fifty dollars (\$50) must be received at the above address a minimum of 60 days prior to the event. Please include a copy of the show bill or premium book if available.

Dates of the Event _____

Name of the Event _____

Event Address _____ City _____ State _____

Title of Sponsoring Organization _____

Point of Contact of Organization _____

Event Manager

Name _____ Phone (____) _____

Address _____ email _____

City _____ State _____ Zip _____

Event Secretary

Name _____ Phone (____) _____

Address _____ Email _____

City _____ State _____ Zip _____

Anticipated # of Class Entries _____ Anticipated # of horses _____

Number of Classes _____ Sanctioning Body _____

Page 2 must be signed by the responsible individual for this event.

As the responsible party applying for affiliation of this equine event with FOSH, I agree to abide by all the rules of the FOSH Inspection Program, and the federal law known as the Horse Protection Act insofar as they apply to record keeping, cooperation with officials and presentation of material and location for inspections. I understand that FOSH will NOT inspect horses wearing hoof bands and that the show bill must indicate that both hoof bands and 'stacks' are prohibited.

I agree that the event committee at the conclusion of the show will pay the expenses for each individual DQP(S), including the daily stipend (\$225), per diem (\$25), mileage (35 cents per mile), actual tolls and parking fees, directly to the individual inspector(s). I understand that these are the standard and also the maximum fees that the inspector may charge.

I understand that the arrangements for hotel accommodations and air travel (if necessary) are the direct financial responsibility of the event committee and that these arrangements need to be made in advance with the individual DQP(s).

I acknowledge that the HPA requires that a second DQP be hired if it is anticipated that there will be more than 150 class entries at the event on any given day of the show.

I acknowledge receipt of the FOSH 'Responsibilities of Show Management', and further acknowledge that the show is required by the USDA to provide clerical support for the DQP(s) for the entire duration of the show.

Responsible Party

Signature _____ Date ___/___/___

Name _____

Address _____

City _____ ST ___ ZIP _____

Phone (____) _____