

UNITED HORSE PROTECTION

Designated Qualified Person Application

Yes, I want to help protect the horse from abuse. Please enroll me into the United Horse Protection training program for Designated Qualified Persons. I have read, understood and initialed the following:

- I understand that I must be at least 21 years of age to hold a DQP certificate;
- I have never been convicted of a crime involving moral turpitude;
- All applicants will be required to attend a DQP Training Clinic and be tested;
- I understand that a UHP DQP may not breed, train, exhibit, board or show Mountain Horses as a principle source of income;
- I have enclosed my non-refundable fee of \$25.00;
- Listed on the back are the names and addresses of three references regarding my character and the names and addresses of three references regarding my knowledge of horses. I will supply additional references is so required. I will contact all my references and have them mail or fax their letters directly to the address listed below. None of the references are related to me by blood or marriage.

Full Name(print) _____

Address _____

Phone Number (work) _____ (home) _____

Fax _____

Signature _____

Mail applications and have all references mail or fax their letters of reference to:

Bruce Crowe, Director
United Horse Protection
P.O. Box 640
Clay City, KY 40312
Phone 859-842-0270
Fax 859-842-0884