

OP1 APPLICATION FOR ORIGINAL PASSPORT

To be submitted to the passport-issuing agency, the Koninklijke Vereniging 'Het Friesch Paarden-Stamboek' (KFPS)

APPLICANT DETAILS	
Are you the registered owner?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If No, please fill in owner details in relevant section)</i>
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <i>(please state)</i>
Company Name/Surname	
First name	
Address Line 1	
Address Line 2	
Address Line 3	
County	
Postcode	
Country	
Contact telephone no.	
KFPS Membership no.	R- <i>(if applicable)</i>
OWNER DETAILS	
<i>(to be completed by the applicant if NOT the owner)</i>	
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <i>(please state)</i>
Company Name/Surname	
First name	
Address Line 1	
Address Line 2	
Address Line 3	
County	
Postcode	
Country	
Contact telephone no.	
KFPS Membership no.	R- <i>(if applicable)</i>

HORSE DETAILS	
Is the horse KFPS Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
KFPS registration no.	<i>(if applicable)</i>
KFPS registered name	<i>(if applicable)</i>
Name if not KFPS registered	
Date of Birth	/ /
Gender	Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/>
Colour	
Does colour and description of horse agree with the registration certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If NO, enter new description below)</i>
	Colour
	Head
	Body
	RF
	LF
	RH
	LH
	Characteristics

CHECKLIST - To be completed by horse passport officer/qualified veterinarian only

- Description verified
- Presence of microchip verified
- Microchip implanted, and its operation verified
- Copy of original registration form and/or passport included
- Barcode label attached to registration form and registration certificate
- Checked for presence of clinical signs of surgical procedure to remove a formerly implanted microchip

PASSPORT OFFICER/QUALIFIED VETERINARIAN DETAILS	
Name	
Telephone no.	
Date	
Signature	
Stamp	

I, the undersigned declare that I have completed the above form and questions truthfully and to the best of my knowledge.

Name of applicant: _____

Signature of applicant: _____

Date and city/town: _____

**SEND THIS FORM WITHIN 7 DAYS OF COMPLETION TO THE PASSPORT-ISSUING AGENCY.
 THE VALIDITY OF THIS APPLICATION FORM WILL EXPIRE AFTER 7 DAYS!**

Please download, print and complete this form in full and send along with all the relevant documents to:

KFPS, OPRIJLAAN 1, 9205 BZ Drachten, The Netherlands

We strongly recommend sending it via registered post and put your details as return address on the back of the envelope. Please note, incomplete applications cannot be processed.