



APPLICATION FOR CERTIFICATION - FY _____
Maryland Horse Discovery Center Network

Please type or print legibly

MHIB License #: _____

Facility Name: _____

- Sole Proprietor Partnership Limited Liability Company Corporation Non-Profit Corp.

Applicant's Name: _____

- Owner(s) General Partner Principal Member President/CEO Other: _____

Address: _____
Street, City, and Zip Code [NO P.O. Box]

County: _____

Phone Numbers: Office _____ Cell _____ Home _____

Email Address: _____

Website Address: _____

Facility Description (check all that apply): Handicap Accessible Buildings Fire Extinguishers # _____

- Parking Capacity _____ Barn(s) Observation Room/Deck Classroom

- Indoor Arena Outdoor Arena/No lighting Outdoor Arena/Lighting Roundpen

- Restroom Portajohn Bleachers Trails (approximate distance): _____

Attach description of Facility, including accessibility to medical facility or emergency services, accessibility to major highways, description of topography, unique or special features of buildings and grounds.

Services Offered (check all that apply).

- Orientation Program Farm Tours Educational Program Riding Program

- On-the-Ground Training (no riding) Therapeutic Program Demonstrations

Attached descriptions of Services checked, including which programs or services are free or fee based, indicate frequency programs are conducted (in the past year), indicated average number of participants per programs, and other details which will give an overview of the service or program.

Insurance: Proof of insurance required at time of inspection.

- Commercial Liability Professional Liability Other: _____

Insurance Carrier Name: _____

Current Written Policies and Procedures In Use:

- Liability Waiver Rules & Regulations Incident/Accident Procedures Incident Report
- Emergency Preparedness Plan Horse Management Plan Facility Management Plan
- Program Plan Lesson Plan Lesson Agreement Photo/Video Release
- Screening Procedure for Horses Rider Assessment/Screening Tack Inspection Procedure

APPLICANT'S AGREEMENT:

I have read the criteria required to become certified as an Horse Discovery Center ("HDC") and agree to comply with the requirements as now established or which may be established in the future by Maryland Horse Industry Board ("MHIB"). I understand my participation is voluntary and I may withdraw from the program at any time with no consequences. I agree and understand that re-certification through mandatory Support Meetings is required to maintain HDC status. I agree to periodic inspections by MHIB and understand MHIB may terminate my participation for failing inspection, failing to maintain a license or insurance, or for other non-compliance. I agree to indemnify MHIB for any incidences which may occur on my property or claims made against my facility and agree to name MHIB, its staff and agents as an additional insured on insurance policies covering my facility and business operations. I agree to provide a certificate of proof of insurance to MHIB.

Applicant's Signature

Date

**MUST BE RECEIVED IN MHIB OFFICE NO LATER THAN: December 31st of current fiscal year.
TO: Maryland Horse Industry Board, 50 Harry S Truman Parkway, Annapolis, MD 21401**

INSPECTION NOTES:

Date of Inspection: _____

Inspected by: _____

Physical Premises: Excellent Good Fair Unacceptable (state reasons why on separate, attached sheet)

Proof of Insurance: Yes No Acceptable Unacceptable (state reasons why on separate, attached sheet)

Required Documentation: Yes No Missing: _____

of Program Horses: _____

Condition of Horses: Excellent Good Fair Unacceptable (state reasons why on separate, attached sheet)

Tack and Gear Inspected: Yes No

Condition of Tack and Gear: Excellent Good Fair Unacceptable (state reasons why on separate, attached sheet)

Observations: See Inspection Reports for details

Report Reviewed by MHIB Board of Directors Date: _____

- Approved Not Approved
- Conditional Approval (to be reinspected) _____