



AQHA AUTHORIZATION FORM

(Individual, firm or syndicate name)

AQHA ID Number

Address

City

State

Zip

Daytime Phone #

hereby authorizes the person(s) named in box "A" to execute documents identified in box "B" in behalf of the above individual or firm, beginning on the date of _____. This authorization shall remain in effect until
(Effective date should include any breeding dates, etc., relating to this authorization)
written notice of cancellation is received by AQHA.

Ⓐ

Print Name of Authorized Person(s) and addresses

Signature of Authorized Person(s)

1. _____

2. _____

3. _____

Ⓑ

_____ Authorization is for all of the following documents submitted to AQHA on my behalf. (Initial at left)
OR

_____ **Authorization is limited to only those documents which I have initialed below.**

- _____ Registration Applications
- _____ Transfers
- _____ Affidavits in behalf of owner (duplicate and/or corrected certificates)
- _____ Breeder's Certificates
- _____ Stallion Breeding Reports
- _____ Lease Authorizations
- _____ Blood Typing Forms

If above authorization is for only ONE horse, please list name and number or code.

Name of horse _____ Registration Number _____
(If appendix horse list appendix code, if available)

Ⓒ

Persons listed in Box C are represented as being all partners, corporate officers or co-managers of the syndicate, but WILL NOT BE authorized to sign any documents unless also listed in Box A. List name and address.

1. _____

2. _____

3. _____

If additional space is needed, please use reverse side.

NOTE: Failure to list all such persons may subject person signing authorization form to possible disciplinary action.

Ⓓ

The designated organization for which this authorization is filed is:

- _____ Individual Proprietorship
- _____ Partnership
- _____ ****Corporation** **** (See reverse side)**
- _____ Syndicate
- _____ Trust
- _____ Other _____

IN EXECUTING THIS AUTHORIZATION FORM, I REPRESENT IT IS TRUE AND CORRECT AND I HAVE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION. If Box C is not completed, I affirm I hold individual ownership or am a co-owner.

OWNER: _____

BY: _____
(Written Signature)

TITLE: _____
(Please specify (Individual Owner, Co-owner, Partner, Officer or Syndicate Manager))

DAYTIME PHONE #: _____