

**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.

**(A)**

Print Name of Authorized Person(s) and addresses

Signature of Authorized Person(s)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(B)**

\_\_\_\_\_ 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
- \_\_\_\_\_ DNA/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)

**(C)**

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.

**(D)**

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 #: \_\_\_\_\_

**WHO SHOULD FILE AN AUTHORIZATION:** Please refer to the AOHA OFFICIAL HANDBOOK regarding authorization requirements for individual owners, entities other than individuals, deceased owners, minors and cancelling authorization.

**COMPLETING THE AUTHORIZATION FORM:** On the first line, print or type the name of the owner and the AQHA ID number, exactly as it appears on the horse's papers.

**SECTION A:** Print or type the names and addresses of the persons to be authorized. Provide handwritten signatures.

**SECTION B:** Initial the first line if authorization is being given for all documents. Do not initial any of the documents below this line.

If authorization is to be limited to specific documents, place your initials in the space provided to the left of each document for which authorization is being given.

If authorization is to be limited to one horse, only then complete the section asking for the name of the specific horse for which authorization is to be given.

**SECTION C:** Please read and complete this section as applicable.

**SECTION D:** Must always be completed, either by the individual person giving authorization to another individual, or by a person with the authority to grant authorization for the entity, including their written signature and title, and the type of organization for which the authorization is being filed.

**PLEASE NOTE:** If joint signatures are desired on any transfers selling horses, please refer to the rule in the AOHA OFFICIAL HANDBOOK, regarding Transfer of Ownership and provide separate written instructions, signed by all parties involved.

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**CORPORATE RESOLUTION**

I, \_\_\_\_\_, Secretary of \_\_\_\_\_, a \_\_\_\_\_ corporation, ("Company") do hereby certify that I am keeper of the records and the minutes of the proceedings of the Board of Directors of Company, and that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, there was held a meeting of the Board of Directors of said Company, which was duly called and held in accordance with law, and the bylaws of the Company, and at which meeting a quorum of the Directors was present; and that at said meeting the following resolutions were duly and legally passed:

RESOLVED, that \_\_\_\_\_ (Title of Officer), may execute and deliver to American Quarter Horse Association, Amarillo, Texas, written authorization form to transact the corporation's business pertaining to American Quarter Horses, copy of the authorization form is attached to this corporate resolution and made a part hereof for all purposes. This authorization shall continue in full force and effect until such time as American Quarter Horse Association is notified in writing, at its office in Amarillo, Texas, by United States mail, postage prepaid, certified mail, return receipt requested; however, such termination or amendment of previous authority shall, in no event, affect the validity of all previous acts of the above specified corporate officer exercised in the furtherance of the corporation's business transactions with American Quarter Horse Association.

I further certify that the following persons are the officers of this Company and those authorized to sign in the foregoing resolutions as designated, and that the signatures hereon are the true signatures of such officers and persons.

SIGNATURE OF OFFICER:	TITLE OF OFFICER:
_____	_____
_____	_____

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of said Company, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SECRETARY:  
\_\_\_\_\_