



American Morgan Horse Association, Inc.
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 Registry@morganhorse.com
 www.morganhorse.com

SIGNATURE AUTHORIZATION

THIS FORM IS TO BE USED TO ESTABLISH WHO CAN TRANSACT BUSINESS WITH THE AMHA REGISTRY ON BEHALF OF ANOTHER PERSON OR ENTITY.

This Signature Authorization authorizes the American Morgan Horse Registry to accept the following signatures as being authorized to conduct Registry transactions, until revoked, on behalf of:

* You MUST enter the name of an Individual, Minor, Ranch, Farm, Partnership, Syndicate, Corporation, LLC, or Trust

(If Minor, Minor's birth date is ____/____/____)

If more than one authorized person is listed, the Registry will accept any one of the signatures of the authorized persons on registry-related applications and documents that pertain to this record ownership.

Print Name of ALL Authorized Person(s)

Signature of Authorized Person(s)

_____	_____
_____	_____
_____	_____

Print names and addresses of ALL partners, owners or corporate officers. Listing an individual in this section will not constitute authorization unless also designated above.

1. _____	2. _____
_____	_____
_____	_____
3. _____	4. _____
_____	_____
_____	_____

If additional space is needed, please use reverse side.

If the above authorization is restricted to only one horse, list the horse's full registered name and registration number. If no horse is indicated, it will be assumed that this authorization covers ALL horses owned by the above individual or entity.

Horse Name: _____ Registration Number: _____

In executing this authorization form, I represent that I have such ownership or authority as to grant this authorization.

Signature of Individual: _____ Date: _____

Print Name: _____ Title: _____

AMHA Number: _____