



American Morgan Horse Association, Inc.
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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 ____/____/____)

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: _____