



NVRHA AUTHORIZATION FORM

Individual, firm, corporation, partnership, or syndicate name

NVRHA Membership Number

Address

City

State

Zip

Phone No.

Hereby authorizes the person(s) named in box "A" to execute documents identified in Box "B" on behalf of the above individual or firm, beginning on the date of _____.

(Effective date should include any breeding dates, etc., relating to this authorization)

This authorization shall remain in effect until written notice of cancellation is received by NVRHA.

A.	Print Name of Authorized person(s) and addresses	Signature of Authorized Person(s)
1	_____ _____ _____	_____ _____
2	_____ _____ _____	_____ _____
3	_____ _____ _____	_____ _____

B. Authorization is for person(s) competing in NVRHA sanctioned events using a horse, or horses, owned by, or leased from, an individual, firm, corporation, partnership or syndicate.

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

- Use in NVRHA clinics and competitions
- Registration Applications
- Transfers
- Affidavits on behalf of owner (duplicate and/or corrected certificates)
- Breeder's Certificates
- Stallion Breeding Reports
- Lease Authorizations

Each authorization is for only one horse, please list horses name and number, or code if appendix registered.

Name of horse: _____

Reg. number or code: _____

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 addresses.

1. _____

2. _____

3. _____

4. _____

D. The designated organization for which this authorization is filed is:

- Individual Proprietorship
- Partnership
- Corporation
- 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 Mgr.))

If additional space is needed, please submit a separate form

DAYTIME PHONE NO. _____

Note: In lieu of this form The AQHA Authorization Form may be submitted.

NVRHA, 590 HWY 105, BOX 150 MONUMENT CO 80132

www.nvrha.org - Telephone/fax: (719) 487-9014

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