

## **AUTHORIZATION TO ACT AS AGENT**

Ι,	, the recorded owner of the		
	, of NAPHA #		
do hereby declare that I designate			
of			
to act as my agent with regard to reg	gistration and showing mat	ters of NAPHA. This	
authorization is to take effect this	day of	, Year	<u></u>
and continue untilday o	of, Year		
My Agent has authority to act on	my behalf in the following	g matters: (please initial)	
Signing of entry forms for she	ows.		
Horse to be shown in Recorde	ed Owner's name.		
Signing of Breeder's Certification	ntes		
Signing of Service Certificate	es		
Signing and filing of Stallion	Reports		
Signing of applications for re	gistration.		
Signing of transfer of ownersh	1 0	•	
Other:			
SIGNED:			
0 , 0, 4			
Print Name			
Address		ST	ZIP
DI	Email		
SIGNED:			
Agent's Signature			
Print Agent's Name			
Address	City	ST	ZIP
Phone		Email	