

PHBA AUTHORIZATION FORM

15253 E Skelly Dr. * Tulsa, OK 74116-2637 * 918-438-1234

(Individual, firm, or syndicate name)

PHBA ID Number

City

State

Zip

hereby authorize the person(s) named in box "A" to execute documents in box "B" in behalf of the above individual or firm, beginning on the date of _____ . This authorization shall remain in effect _____ .
(Effective date should include any breeding dates, etc. relating to this authorization)
until notice of cancellation is received by PHBA.

A Print Name of Authorized Person(s) and address

Signature of Authorized Person(s)

1. _____

2. _____

3. _____

B _____ Authorization is for all of the following documents submitted to PHBA on my behalf. (Initial at left)

OR

Authorization is limited to only those documents in 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

If above authorization is for only **ONE** horse, please list name and number.

Name of horse _____ Registration number _____

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 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, CoOwner, Partner, Officer or Syndicate Manager)

DAYTIME PHONE #: _____