

Request for Transported-Stored Semen Service Certificate



ARABIAN HORSE ASSOCIATION

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I hereby acknowledge that I have read and agree to be bound by and follow the Arabian Horse Association's Rules and Regulations pertaining to transported and stored semen. I also understand that AHA will investigate non-compliance with these Rules and Regulations and, in the event of such non-compliance, any resultant foals may be ineligible for registration and penalties provided under Reg. 137 of AHA's Rules and Regulations may be imposed.

Specifically, I acknowledge that I understand the following with respect to this Request for Transported-Stored Semen Service Certificate and to the registration of foals resulting from the use of transported or stored semen collected from this stallion:

1. The stallion must have a valid Semen Transportation Permit or Transported-Stored Semen Service Certificates will not be issued;
2. One (1) Transported-Stored Semen Service Certificate is required to register a foal conceived using semen that has been transported or stored; and
3. The permit will expire upon the sale, change of recorded ownership or exportation of the stallion.

NOTE: Stallion owners must ensure that they have purchased a sufficient number of Transported-Stored Semen Service Certificates prior to the sale, change of recorded ownership or exportation of a stallion. Once this occurs, the stallion's Semen Transportation Permit will expire and the former stallion owner may no longer purchase Transported-Stored Semen Service Certificates.

Unused Transported-Stored Semen Service Certificates may be returned to AHA for a \$15.00 redemption.

Stallion Name

Stallion Registration #

Signature of recorded owner (or authorized agent)

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Month Day Year

Recorded Owner #

Please mail service certificates to address below:

Name		
Address		
City	State	Zip
Email		

Number of Certificates
Requested

X

\$35.00

Amount Enclosed

\$

Method Of Payment (US Funds Only) A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

☐ Check (Payable to AHA) Check # ☐ ACH ☐ Credit Card Total Amount Due \$

ACH Information: Account Type: ☐ Savings ☐ Checking Bank Routing #:

Bank Acct #:

Credit Card#

\$

Print Name as it appears on CC

Name:

Exp Date

CVV

Signature

Credit Card Billing Address (include zip)