

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)

Month	Day	Year
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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)