

My commission expires:

County of:

International Colored Appaloosa Association, Inc

125 S Main St, #185, McAlester, OK 74501

(See website prior to mailing to be sure address is current) icaa@icaainc.com www.icaainc.com

Signature Authorization Form

If anyone other than the registered owner or recorded lessee of a horse is authorized to sign any documents, this form signed by the owner or recorded lessee and notarized, giving specific details as stated on this form, must be on file with the ICAA before the ICAA can accept an authorized person's signature. There is no charge for filing.

If a horse is owned jointly and is listed in an "or" ownership, only one owner needs to fill out a signature authorization form for the authorized party to sign documents for both owners. If the horse is owned jointly and is listed in an "and" ownership, the owner signing this form is authorizing the person(s) on this form to sign documents for him/her only and unless the other owner has a signature authorization on file as well, the other owner will still be required to sign documents that require both owners to sign.

| Print name of authorizing party (only one i | ndividual's name): | | | | |
|--|--|---|------------------------------------|---|--|
| Mailing address: | | | | | |
| City: | State/Province: | | Country: | Zip/Postal Code: | |
| Phone: | Email: | | | | |
| hereby authorizes the person(s) named | below to execute do | ocuments as s | pecified on behalf of the ab | oove individual. This authorization | |
| is to BEGIN on the date of: Month: received by the ICAA. | Day: | Year: | and will remain in eff | ect until a written notice of cancellation is | |
| PLEASE NOTE that the beginning date mu | ist be prior to any da | te of transacti | on, such as breeding dates | s, foaling dates, transfer dates, etc. | |
| This authorization is binding for: (Chec | k one) | | | | |
| □ All horses | | | | | |
| One Specific Horse: Horse's Name: | | | Registration # | | |
| Print name of Authorized Person #1 | | | Print name of Authorized Person #2 | | |
| Name: | | Na | Name: | | |
| Mailing Address: | | Ma | iling Address: | | |
| Phone: | | Ph | one: | | |
| Email: | | En | nail: | | |
| Signature: X | | Si | Signature: X | | |
| Authorization is for all of the f OR Authorization is limited to of Registration Applications Transfer Reports (authorized Affidavits on behalf of owner Breeder's Certificates Stallion Breeding Reports Lease Authorizations DNA/Blood Typing Forms Transported Semen Docume | only those document signer cannot transfer (duplicate and/or corre | t s which I (owr r a horse to him | er/lessee) have initialed be | , | |
| In executing this authorization form, I r | | | | | |
| Signature of owner or lessee: X | | | Printed Name: _ | | |
| THIS MUST BE SIGNED IN THE PRESE | NCE OF A NOTARY I | PUBLIC. | | (Notary Seal) | |
| Subscribed and sworn to before me on thi | S | day of | 20 | | |
| Notary Public Signature X | | | | | |

State of: