

# American Tobiano Overo Association (ATOA)

## Signature Authorization & Agent Authorization Form

This form authorizes an individual or entity to sign and submit ATOA documents on behalf of the horse owner.

This authorization applies to registration, corrected certificates, registry changes, breeding enrollment, breeding reports, and related ATOA transactions unless otherwise limited below.

### I. Owner Information (Granting Authorization)

- Legal Owner Name: \_\_\_\_\_
- Farm / Ranch / Business Name (if applicable): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City / State / ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- ATOA Membership Number: \_\_\_\_\_

### II. Authorized Agent Information

- Authorized Agent Name: \_\_\_\_\_
- Relationship to Owner:  Trainer  Breeding Manager  Ranch Manager  Family Member   
Other: \_\_\_\_\_
- Business Name (if applicable): \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### III. Scope of Authorization (check all that apply)

- Horse Registration Applications
- Corrected Certificate Requests
- Registry Change Requests
- Stallion Breeding Enrollment Forms

- Stallion Breeding Reports
- Foal Registration & Nominations
- Breeders Legacy Program Documents
- Other (specify): \_\_\_\_\_

#### IV. Authorization Term

- **Effective Date:** \_\_\_\_\_
- **Expiration Date (if any):** \_\_\_\_\_

This authorization remains in effect until revoked in writing.

#### V. Limitations (if any)

*List any limitations or exclusions to this authorization:*

#### VI. Signature Specimen (Authorized Agent)

*This signature will be used for verification purposes.*

- **Authorized Agent Signature:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

#### VII. Owner Certification & Authorization

I certify that I am the legal owner (or authorized representative of the legal owner) of the horse(s) associated with ATOA transactions covered by this authorization. I grant the above-named individual authority to act on my behalf within the scope indicated. I understand that I remain responsible for the accuracy of all information submitted to ATOA.

- **Owner Signature:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### **VIII. Revocation of Authorization (Office Use or Owner Submission)**

This authorization is revoked effective: \_\_\_\_\_

- **Owner Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### **IX. Office Use Only (ATOA)**

- **Date Received:** \_\_\_\_\_
- **Authorization Verified:**  Yes  No
- **Entered Into System By:** \_\_\_\_\_
- **Notes:** \_\_\_\_\_

**Submit completed form to:**

American Tobiano Overo Association (ATOA)

Email: [atoapaints@gmail.com](mailto:atoapaints@gmail.com)

Website: [www.atoapaints.com](http://www.atoapaints.com)