ARIZONA BRED QUARTER HORSE CERTIFICATE

I hereby certify that the					
(color) (sex) H.A. Registration Number		(name of foal)			
Out ofw	as foaled on		Embryo Trans	fer Ye	s No
Name of Foaling Location		(date)			
					Arizono
Address of foaling location	(address)			(city)	, AMZONA.
Foaling Location Contact			Phone #		
I further certify that I was the OWNER/LESSEE Arizona and that the horse has been physically period from the date of foaling to the first anniver. The undersigned, being duly sworn, says that he	resent within rsary of havin	the state of Ar g been foaled.	izona for not less	than six mon	ths during the
the purpose of inducing the Arizona Department Statutes, Section 5-113, subsection F, and the per Revised Statues, Sections-114, Subsection C, an	of Racing to mittee to pay	pay the Breed the Breeders'	lers' Awards as pr and Owners' Awa	ovided by Ar	izona Revised
I certify under penalty of perjury that the sta	tements I ha	ave made in t	his certification	are true and	l accurate.
(print name)	X(signature)				
(print name)			(อาธุกลเนา	10)	
(telephone)	·		(email addr	ress)	
(address) State of:	NOTA			(state)	,
Sworn To Me Before Thisd	av of				
			ssion Expires:		
(Notary Public)	W IS FOR OFF	ICIAL USE ONI	•		
FEE SCHEDULE \$50 if applied for by September 30 of Foal's YEARLING year.			_	eeder #	
\$100 if applied for between October 1 and Dece \$750 thereafter	oal's yearling y	Date Certified:			
+ \$100 transported/Frozen semen surcharge Mail this certificate and A.Q.H.A. Registration pa	apers to:	-	ffice use only:		
AQR&B 18402 N. 19 th Ave. PMB 164				Embryo Seal	
Phoenix, Arizona 85023		Name	Mar	e Reg	
For Department of Racing use only:	Received fo	r participation	in the Arizona Bre	eeders' Award	ls Program
Signed		Dated			