



APPLICATION FOR CONDITIONAL TRANSFER

Registered Name: _____ Registration Number: _____

Sex: Mare Stallion Gelding Foaling Date: ____/____/____ Color: _____

Markings: _____

Applicant's Name: _____ ASHBA Membership #: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Ownership Effective as of: ____/____/____ (month/day/year)

Recorded Owner's Name: _____ ASHBA Membership #: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Describe efforts to obtain complete chain of title documentation from the Recorded Owner and any intervening owners:

(attach additional sheets if needed)

The undersigned certifies that ownership of this registered American Saddlebred is conveyed pursuant to:

- seizure by a governmental agency pursuant to legal process;
- adoption by a nonprofit rescue organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code;
- lien foreclosure sale that is not part of a judicial process (e.g., agister's or stableman's lien);
- bona fide sale that was subject to Uniform Commercial Code Sec. 2-403 (or its equivalent in effect in the jurisdiction in which the sale occurred), including auction sales not recognized by the Association; or
- a direct sale by the Recorded Owner to the buyer; and that the Applicant has sole legal title to, and possession of, the horse and that no other person or entity has any claim of right of ownership or possession of the horse.

Submit with: Proof of Horse Identity (DNA), four color photos, fees (\$100 & transfer fees), and indemnification agreement, together with supporting documentation, which may include: court order, bill of sale, or legal opinion of an attorney. Supporting documentation must include the identity and/or physical description of the horse.

Signature of Applicant: _____ Date: ____/____/____

Witness or Notary: _____

Method of Payment:	
* 3% Processing fee will be added to all ASHBA credit/debit card transactions.	
<input type="checkbox"/> Check (payable to ASHBA) OR Visa, MasterCard, Discover, AMEX	Total Due: \$ _____
Credit/Debit Card #: _____	Exp. Date: ____/____ (month/year)
Cardholder's Name: _____	

Return completed form by email to saddlebred@asha.net, fax to 859-259-1628 or mail to: ASHBA, 4083 Iron Works Parkway, Lexington, KY 40511