



Agent Authorization Form

This document allows the below named "agent" to act as agent on behalf of the owner for the below selected items

Agents Name:

Phone #

FHANA Membership R #

Email

The Agent is Authorized to Act on

If One Horse - Horse Name

One Horse All Horses

Belonging To

Email

Existing FHANA Member Yes No

FHANA Membership R #

Please Create New Membership

Authorized Activities for Agent

Yes No

Registrations Transfers Sales Financial Transactions

Agents Signature: _____

Date: _____

Owners Signature: _____

Date: _____

This form will remain active and in force until revoked in writing by either party or until the the stated expiration date.

Notary Public

Expiration Date: _____

Once complete please mail to the office at
4037 Iron Works PKWY STE 160
Lexington KY, 40511