

**AMERICAN HEREFORD ASSOCIATION
STEER CERTIFICATION APPLICATION**

Date Calved: _____ Tattoo of Nominated Steer: RE: _____ LE: _____

Breeder of Nominated Steer: _____
(breeder is owner of dam at time of conception)

Breeder's Mailing Address: _____

Current Owner/Exhibitor: _____ Phone: _____
(certificate will be mailed to exhibitor unless otherwise requested)

Owner/Exhibitor's Mailing Address: _____

Date of Purchase (if current owner is not breeder): _____

Sire Information (where multiple sires are possible, all must be recorded):

<u>Registration Number</u>	<u>Complete Name</u>
_____	_____
_____	_____

Dam Information:

<u>Registration Number</u>	<u>Complete Name</u>
_____	_____

I hereby declare that the above is a true and correct statement and understand and agree that this certification is submitted subject to the normal registry regulations of the American Hereford Association

Date: _____ Breeder's Signature: _____

NOTE: Please type or print when completing this application.
Incomplete information or illegible handwriting may delay processing and
Cause you not to receive the final certificate when you need it. Thank you.

Payment Information:

Total Number of Steer being Nominated at this time: _____ x \$10.00 per certificate = _____ Total Amount

Payment Method: I am enclosing a check ___ or money order ___ or please bill my credit card using the information below.

Credit Card Information: Completing the information below authorizes AHA to charge your credit card for the amount Indicated above.

Card Number: _____ Card Holder: _____

Type: MasterCard or VISA (circle one) Expiration Date: _____ Signature: _____