AMERICAN QUARTER HORSE ASSOCIATION

# APPLICATION FOR SCNT PERMIT FOR CLONED HORSE

**1600 Quarter Horse Drive, Amarillo, TX 79104 - P.O. Box 200, Amarillo, TX 79168**
**www.aqha.com – (806) 376-4811**

I hereby acknowledge that I have read and agree to be bound by and follow all AQHA rules and regulations including those pertaining to the registration of clones produced by somatic cell nuclear transfer (SCNT). I also understand that AQHA will investigate non-compliance with these rules and, in the event of such non-compliance, any resulting foals may be ineligible for registration.

I understand that one SCNT Permit is required to register a horse produced by somatic cell nuclear transfer, and the original SCNT Permit issued by AQHA must accompany the application to register the clone.

Subject to AQHA Rule REG113.2, this SCNT Permit Application must be signed by the owner of the cell donor horse at the time this document is received by AQHA or the authorized agent of said owner. If the cell donor horse listed below is registered in a joint name or in the name of an entity (e.g. corporation, company, partnership, syndicate, or joint venture), I hereby warrant and represent that I am authorized to submit this SCNT Permit application on behalf of all individuals listed in the joint name or on behalf of the recorded entity. I understand and agree that such authorization is separate and in addition to any other authorization on file with AQHA.

| | |
|---|---|
| AQHA REGISTERED NAME OF CELL DONOR | AQHA REGISTRATION NUMBER |
| PRINTED NAME OF CELL DONOR OWNER | AQHA ID NUMBER |
| SIGNATURE OF CELL DONOR OWNER OR AUTHORIZED AGENT | DATE SIGNED |

## TRANSFER OF SCNT PERMIT

**If applicable, complete this section to transfer ownership of the SCNT Permit**

If the SCNT Permit is transferred, this portion of the application must be completed providing the new owner's information so the SCNT Permit can be issued in the new owner's name. By signing below, the owner of the cell donor hereby transfers all rights and privileges to the SCNT Permit being issued. The rules for transfer of ownership as listed in REG113.2.3 and REG125 shall apply.

Transfer to: _____ AQHA ID #: _____

NAME

_____

ADDRESS

_____

CITY, STATE, ZIP CODE

SIGNATURE OF CELL DONOR OWNER OR AUTHORIZED AGENT (SELLER): _____

FEES, SUBJECT TO CHANGE WITHOUT NOTICE

| | Member | Non-Member |
|---|---|---|
| ○ SCNT Permit | $50 | $90 (includes $40 membership) |
| ○ Late penalty | $50 | $50 |
| ○ Transfer of SCNT Permit | $15 | $55 |

Dues payments may be deductible by members as an ordinary and necessary business expense; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation are tax deductible to the extent allowed by law. $1 of your annual membership dues is designated for subscription to *America's Horse*, AQHA's official member publication. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.