



# American Warmblood Registry

P.O. Box 1332 DeLeon Springs FL 321301  
Phone (561) 693 5516 Fax (775) 667 0516  
info@americanwarmblood.com www.americanwarmblood.com

## Transfer of Ownership

(Membership applications can be downloaded at [www.americanwarmblood.com](http://www.americanwarmblood.com))

**I hereby apply for transfer of ownership in the American Warmblood Registry:**

This is to certify that the following horse, \_\_\_\_\_

was purchased/sold/transferred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Current name of OWNER OF RECORD on the Certificate of Registration:

\_\_\_\_\_ Current Membership #: \_\_\_\_\_

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**I have enclosed the ORIGINAL CERTIFICATE OF REGISTRATION and a COPY of the BILL OF SALE indicating proof of ownership.**

**Please issue a new Certificate under the following name:**

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Change to read horse name: \_\_\_\_\_

(Max. 18 characters or less including spaces - **an additional \$40 fee applies**)

Name of NEW Owner: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I certify the above information to be correct  
(Signature required from person completing form)**

\_\_\_\_\_

Payment method \_\_\_ Check (enclosed) \_\_\_ Money order (enclosed) \_\_\_ VISA \_\_\_ M/C

Credit Card Number \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_ 3-digit sec. code \_\_\_\_\_

Name as it appears on card (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_

**TRANSFER FEES MUST BE PAID IN US DOLLARS**

**CANADIAN ORDERS MUST BE PAID FOR BY CREDIT CARD**

**Within 3 months from date of sale: \$50 for members, \$100 for non-members**

**After 3 to 12 months of date of sale: \$95 for members, \$190 for non-members**

**After 12 months of date of sale: \$200 for members, \$400 for non-members**

**The NEW owner is responsible for payment of the fees, NOT the previous owner.**