AMERICAN BRAHMAN BREEDERS ASSOCIATION
PO BOX 3249 BRYAN, TX 77805-3249

Application for A.I. Service Certificate(s)

To: American Brahman Breeders Association   Date _____
        PO BOX 3249
        BRYAN, TX 77805-3249

DNA & Blood Typing - All bulls which are the source of semen used for the purpose of "Out of Herd" Artificial Insemination must be blood typed and/or DNA tested and a record of their results filed with the Association before calves which are sired artificially by such bulls shall be eligible for registration or before "Out of Herd" A.I. Service Certificates may be purchased from the Association.

The undersigned hereby makes application for A.I. Service Certificate(s) for the following bull:

        Name of Bull   P.H. No.   ABBA No.

_____   _____   _____

Location of Bull at time of collection _____

Semen was processed by _____

and is in frozen storage at _____

1)   In making this application, I recognize blood typing analysis and/or DNA testing as a valid method of parentage determination and agree to permit the American Brahman Breeders Assocation or its duly authorized representatives to carry out such blood typing or DNA testing as may be necessary to verify parentage. In connection therewith, I agree to indemnify and hold harmless the American Brahman Breeders Association, its officers, directors and duly authorized representatives from any claims or causes of action arising or which may arise as a result of the determination of parentage by blood typing analysis or DNA testing.

2)   I (we) hereby authorize the Association to make available any and all information relating to the above described bull upon request from a member of the Assocaition.

3)   Before A.I. certificates will be issued, the donor cow must be blood typed and or DNA tested.

Number of Service Certificates Requested _____ @ $5.00 each... Total enclosed $_____

_____
Membership Name of Recorded Owner   Please Return Certificates to:

_____   _____
Signature of owner or designated rep.   Name/ABBA Membership Number

_____   _____
City   State   Zip Code   Address

_____   _____
ABBA Membership Number   City   State   Zip Code