Application for Horse Name Change

CURRENT HORSE NAME _____

REGISTRATION NO. OR LAST 6 MICROCHIP _____

SIRE OF HORSE _____

DAM OF HORSE _____

MAIL THIS FORM AND ORIGINAL CERTIFICATE (unless horse is paperless) ALONG WITH FEE TO THE USTA

NAME CHOICES

Please submit three (3) name choices. Names are limited to four (4) separate words and eighteen (18) characters (including spaces between words). All names must be approved by USTA naming committee. Names of famous or notorious persons, trade names, names used for advertising or names deemed inappropriate will not be approved. **Names spelled differently but pronounced the same and already in use are not permissible.** (Additional rules are outlined in Rule 26, Section 7.)

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Print FIRST name choice - include spaces between words

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Print SECOND name choice - include spaces between words

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Print THIRD name choice - include spaces between words

FEES

Fees for Name Change	Member	Non-Member
Under 2 years of age	$25	$115
2 years of age and older	$35	$125

**Fee calculated based on January 1 universal birthday, not individual horse's foaling date. No fee required for an unnamed horse under 2 years of age.*

Hard Copy Registration Papers - $10

By holding the registration certificate electronically, only an Application for Transfer will be needed to complete a future sale.

____ I do not want my registration certificate held electronically and understand that there is a $10 processing/shipping fee. Please mail certificate to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

PAYMENT INFORMATION

Name Change Fee (*from schedule above*) $ _____

Hard Copy Registration Papers Fee (*optional*) $ _____

TOTAL ENCLOSED $ _____

Submitted by: _____

Phone No.: _____

Please do not send cash. **For U.S.**: Pay by check, money order or credit card in U.S. funds only. **Outside U.S.**: Payment is by credit card ***only***.

Payment Method: ☐ Check ☐ Money order ☐ Visa/MasterCard Name as appears on card: _____

Complete only if paying by credit card: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **CVV Code** ☐☐☐

Expiration date: _____/_____ Signature: _____

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