



P.O. Box 2610 ♦ Glen Rose, TX 76043
 Phone: (254) 898-0157 ♦ Fax: (254) 898-0165
Proper fees must accompany this application

TRANSFER APPLICATION

1. MEMBER NAME (APPLICANT) _____

2. ADDRESS _____

3. CITY, _____ STATE, _____ ZIP _____

4. DAY TIME PHONE NO. _____ ITLA MEMBER NO. _____

EMAIL ADDRESS _____

FOR _____
 OFFICE _____
 USE ONLY _____

21. SIRE OF CALF AT SIDE _____

22. SIRE'S REG. NO. _____ 23. SERVICE _____
 NAT _____
 A.I. _____
 EMB. _____

24. DATE CALVED _____ 25. SEX OF CALF _____
 COW _____
 BULL _____
 STEER _____

26. TRANSFER ANIMAL TO _____

27. NEW OWNER'S ITLA MEMBER No. _____

28. ADDRESS OF NEW OWNER _____

29. CITY _____ STATE _____ ZIP _____
 EMAIL _____

I (we) the owner(s) of this animal, or authorized agent of owner(s), hereby warrant the information contained herein to be true and correct and apply for transfer of ITLA Certificate of Registration, and will legally defend ownership as represented.

X

Signature of Seller _____ Date _____

30. Send Certificate to: _____ Buyer _____ Seller _____

5. Name of Animal _____ 6. SEX _____
 COW _____
 BULL _____
 STEER _____

7. REGISTRATION NO. _____ 8. Brand/ID. NO. _____

9. LOT NO. (IF SOLD IN SALE) _____ 10. FEMALE SOLD _____
 OPEN _____
 EXPOSED _____

11. DATE SOLD _____

13. 1ST BULL EXPOSED TO _____

14. BULL'S REGISTRATION NO. _____ 15. SERVICE _____
 NAT _____
 A.I. _____
 EMB. _____

16. DATES EXPOSED _____ THRU _____

17. 2ND BULL EXPOSED TO _____

18. BULL'S REGISTRATION NO. _____ 19. SERVICE _____
 NAT _____
 A.I. _____
 EMB. _____

20. DATES EXPOSED _____ THRU _____

FOR _____ FEE: _____ A.P.: _____
 OFFICE _____ C.N.: _____ B.D.: _____
 USE _____