American Akaushi Association A4 Upgrading Program / Inspection Request

Date of Request _____, 20____

The undersigned requests certification of _____ Percentage Blood Akaushi cattle for the A^4 Upgrading program.

_____

Member Name AAkA Membership No. Phone

_____

Member Address City State Zip email

The above referenced cattle are described below. **Reg. No., Permanent ID and Location information is mandatory.**

Akaushi Reg. No.	**Permanent Herd No. / ID**	**Location of ID**	Holding Brand	Location of Brand	Sex	Inspection Information (Mandatory for Purebreds)

Please include $12 for each animal. Purebred males and females will be assessed through WHR once they reach 2 years of age.

Applicant acknowledges that all of the above information is true and correct.

_____ _____

Signature Date

Send Certificate(s) to Applicant ☐ Store Certificates(s) Electronically ☐

American Akaushi Association

361-238-7218 Office **PO Box 487, Flatonia, TX 78941** **361-333-8589 Fax**

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