



Phone: 306-757-2212 Email: registry@canadianshorthorn.com  
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## APPLICATION FOR SIRE AUTHORIZATION

### I CERTIFY THAT I (THE LESSOR),

Name: \_\_\_\_\_ CSA Member #: \_\_\_\_\_

### HEREBY AUTHORIZE THE BREEDING ACCESS FOR THE FOLLOWING BULL:

Bull's Registered Name

Registration Number

Tattoo

### GRANTED TO:

Name: \_\_\_\_\_ CSA Member #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Including Street, Town/City, Prov., Postal Code*

Under the following conditions (if any):

From: \_\_\_\_\_  
*dd/mm/yyyy*

To: \_\_\_\_\_  
*dd/mm/yyyy*

**OR Indefinitely**  
*(Please check box if applicable.)*

\_\_\_\_\_  
Signature of Bull Owner  
*Signature of Lessor or Authorized Representative*

\_\_\_\_\_  
Date  
*dd/mm/yyyy*