



**APPLICATION FOR PERMIT FORM FOR:**

**Embryo Transplant** \_\_\_\_\_

**Artificial Insemination** \_\_\_\_\_

Registered Name of Animal: \_\_\_\_\_

ASA Registration Number: \_\_\_\_\_

By making this application, I hereby recognize that the analysis of DNA typing is a valid tool in parentage determination and is a valid and useful tool in maintaining breed purity. I hereby agree to provide the **American Salers Association** with samples upon request for the purpose of parentage verification or breed purity, of any of my cattle whether artificially or naturally conceived. I also agree to use my best efforts upon request, to secure samples from any person now owning cattle whose records are necessary for parentage checks of my cattle, or for the purpose of determining breed purity of any of my cattle.

I hereby authorize DNA type comparisons to determine compatibility, or to use in connection with checks of breed purity on any sample forwarded to the lab from my herd with sires and/or dams for which DNA types have been previously recorded, or DNA types which the lab determines are relevant.

In recognizing the validity of DNA typing parentage determination and its usefulness in checking breed purity, I also agree to hold ASA, its Officers, Directors, and employees harmless from any liability or actions taken as a result of the findings based upon analysis of the samples submitted and analyzed.

I hereby certify that I am duly authorized to make this application on the above described animal and that the sample will be drawn and handled in accordance with the instructions issued by the **American Salers Association**. I also hereby agree that in connection with bulls receiving an A.I. Permit, and/or cows receiving an Embryo Transplant Permit, information on such individuals may be made available to anyone requesting it.

*Please sign and return. Thank You.*

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Breeder Number: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**THIS REQUEST MUST BE SIGNED BY OWNER OF ANIMAL REFERRED TO ABOVE**

**RETURN THE SIGNED FORM TO:**

**American Salers Association  
15950 E. Mainstreet #104  
Parker CO 80138**

**Sample kits are available upon request.**

**FOR OFFICE USE ONLY**

**DNA** \_\_\_\_\_

**Permit** \_\_\_\_\_