APPLICATION FOR TRANSFER OF AFFIX

Please read the CKCSC, USA guidelines for registering an affix to ensure your eligibility. Submission of this application does not guarantee the transfer of a Registered Affix. All Registered Affixes must follow CKCSC Policies and Procedures. Please list the Affix to be transferred below:

AFFIX REQUESTED FOR TRANSFER

APPLICANT		CO-APPLICANT	
	APPLICANT NAME		CO-APPLICANT NAME (WRITE N/A IF NONE)
	STREET		STREET
	CITY STATE ZIP		CITY STATE ZIP
	HOME PHONE		HOME PHONE
	E-MAIL ADDRESS		E-MAIL ADDRESS

I/we hereby make application for the transfer of the above noted CKCSC Affix. I/we certify that I/we have not previously registered an affix with the CKCSC, USA, Inc.:

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE

If you have registered an affix with any other kennel club, please complete the following:

NAME OF AFFIX	NAME OF KENNEL CLUB

OWNER		CO-OWNER	
	NAME OF OWNER		NAME OF CO-OWNER
	STREET		STREET
	CITY STATE ZIP		CITY STATE ZIP
	HOME PHONE		HOME PHONE
	E-MAIL ADDRESS		E-MAIL ADDRESS

I/we certify that I/we are eligible to transfer the above noted CKCSC Affix and hereby relinquish any and all rights to the Affix. All recorded owners of the Affix to be transferred must sign below. In the event that an estate represents the owner(s) of the Affix, a notarized copy of the testamentary, or other court documents, authorizing the signatory as executor must be submitted with the form.

SIGNATURE OF CURRENT OWNER	DATE	SIGNATURE OF CURRENT CO-OWNER	DATE

NEEDED TO PROCESS DOCUMENT:

1. CORRECT FEE *(see Fee Schedule, Bulletin or Website: www.ckcsc.org) (Note: all fees doubled for non-members)*

US Funds - Personal Check - Money Order - Credit Card

☐ VISA ☐ Mastercard ☐ Discover ☐ American Express CC ID Code

Card #: | | | | | | | | | | | | | | | | Exp: ___/___ | |

Credit Card ID Code: A 3 digit code on the back of the card or for American Express a 4 digit code on the front of the card.

I authorize CKCSC USA, to apply the exact fee necessary to accomplish this transaction

Signature of Cardholder _____

(The document will not be processed without authorized signature)

2. THIS APPLICATION

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