

For FedEx Delivery To AQHA

1600 Quarter Horse Drive
Amarillo, Texas 79104
(806)376-4811



Mailing Address

P.O. Box 200
Amarillo, Texas 79168
(806)376-4811

AFFIDAVIT FOR DUPLICATE CERTIFICATE

INSTRUCTIONS

★PLEASE READ CAREFULLY★

A delay in processing will result if information omitted.

Special Handling
(SEE FEE SCHEDULE BELOW)

1. Part 1 must be completed by owner on AQHA records.
2. Part 2 completed if lost by someone other than owner on AQHA's records.
3. **Four full-view color photographs (front, back, and both sides) are required in all instances. Not returnable.**
4. Remit appropriate fee with affidavit.
5. Diagram on back of affidavit must be completed.
6. Form must be notarized.
7. AQHA retains the right to require additional information and/or photographs before issuing a duplicate certificate.
8. If a change in ownership needs to be made, include a properly completed transfer report with appropriate fees.

•Please regard this affidavit as a request for issuance of a duplicate certificate for:

Horse's Name _____

Registration Number _____

Part 1: To be completed in ALL INSTANCES by recorded owner.

I, _____, hereby affirm that the sentence marked below describes the circumstances surrounding the loss or destruction of the certificate for the horse identified in this affidavit.

One of the boxes below must be marked in order for us to proceed.

I lost the certificate.

I never received the certificate from AQHA.

I mailed or delivered the certificate to: **NAME:** _____ **ADDRESS:** _____

If given to an auction company, please also list the date of the sale: DATE: _____

Other (please explain): _____

The undersigned agrees to indemnify and hold harmless AQHA from any and all liability, whenever or however arising, by virtue of its reliance on this affidavit and its issuance of the replacement certificate; agrees to defend AQHA at his expense; and if judgement is made against AQHA, to pay judgement and obtain written release in form acceptable to AQHA.

Sworn to before me this _____ day of _____, _____

Signature of Record Owner _____

Notary Public _____

Address _____

City _____

State _____

My commission expires _____

AQHA ID Number _____

E-mail Address _____

(____) _____
Owner's Daytime Telephone Number

Part 2: To be completed IN ADDITION to Part 1 if the certificate was not lost by recorded owner.

I, _____, hereby affirm that the sentence marked below describes the circumstances surrounding the loss or destruction of the certificate for the horse identified in this affidavit.

One of the boxes below must be marked in order for us to proceed.

I received the certificate and lost it.

I never received the certificate from AQHA.

I mailed or delivered the certificate to: **NAME:** _____ **ADDRESS:** _____

If given to an auction company, please also list the date of the sale: DATE: _____

Other (please explain): _____

The undersigned agrees to indemnify and hold harmless AQHA from any and all liability, whenever or however arising, by virtue of its reliance on this affidavit and its issuance of the replacement certificate; agrees to defend AQHA at his expense; and if judgement is made against AQHA, to pay judgement and obtain written release in form acceptable to AQHA.

Sworn to before me this _____ day of _____, _____

Signature of person making this statement. *NOT TO BE SIGNED BY RECORD OWNER.* _____

Notary Public _____

Address _____

City _____

State _____

My commission expires _____

AQHA ID Number _____

E-mail Address _____

(____) _____
Owner's Daytime Telephone Number

Mail Certificate to: _____

Name _____

Daytime Telephone Number _____

AQHA ID Number _____

Address _____

City _____

State _____

Zip Code _____

FEES

SUBJECT TO CHANGE WITHOUT NOTICE

U.S. Funds Only

Current AQHA Member **Nonmember**

Duplicate Fee \$25 \$60

OPTIONAL Special Handling Fee for two-day service \$30 \$30

(This fee is in addition to the regular duplicate fee. Please place "RUSH" on the outside of the envelope.)

OPTIONAL FedEx Service \$15 \$15

(Is available for those who have requested special handling above. This fee is only applicable for service within the United States and does not include Saturday delivery charges. For those interested in service outside the United States and/or Saturday services, please contact our office for the correct fee.)

MEMBERSHIP

Life Membership \$400

12-month \$35

36-month \$70

Join AQHA now to take advantage of member fees!

DO NOT SEND CASH

Dues payments MAY BE deductible by members as an ordinary and necessary business expense; however, contributions or gifts to the American Quarter Horse Association are not deductible as charitable contributions for federal income tax purposes. However, donations to the American Quarter Horse Foundation ARE tax-deductible to the extent allowed by law. \$1 of your annual membership dues is designated for a subscription to *America's Horse*, AQHA's official member publication.

If paying by Visa or MasterCard, please provide the following:

____ / ____ / ____ / ____

Expiration Date ____ / ____ Daytime Telephone Number _____

Cardholder's Name _____

Cardholder's Signature _____



THE AMERICAN QUARTER HORSE JOURNAL

THE AMERICAN QUARTER HORSE RACING JOURNAL

For information on the electronic edition of this publication, go to <http://aqhajournal.newsstand.com>.

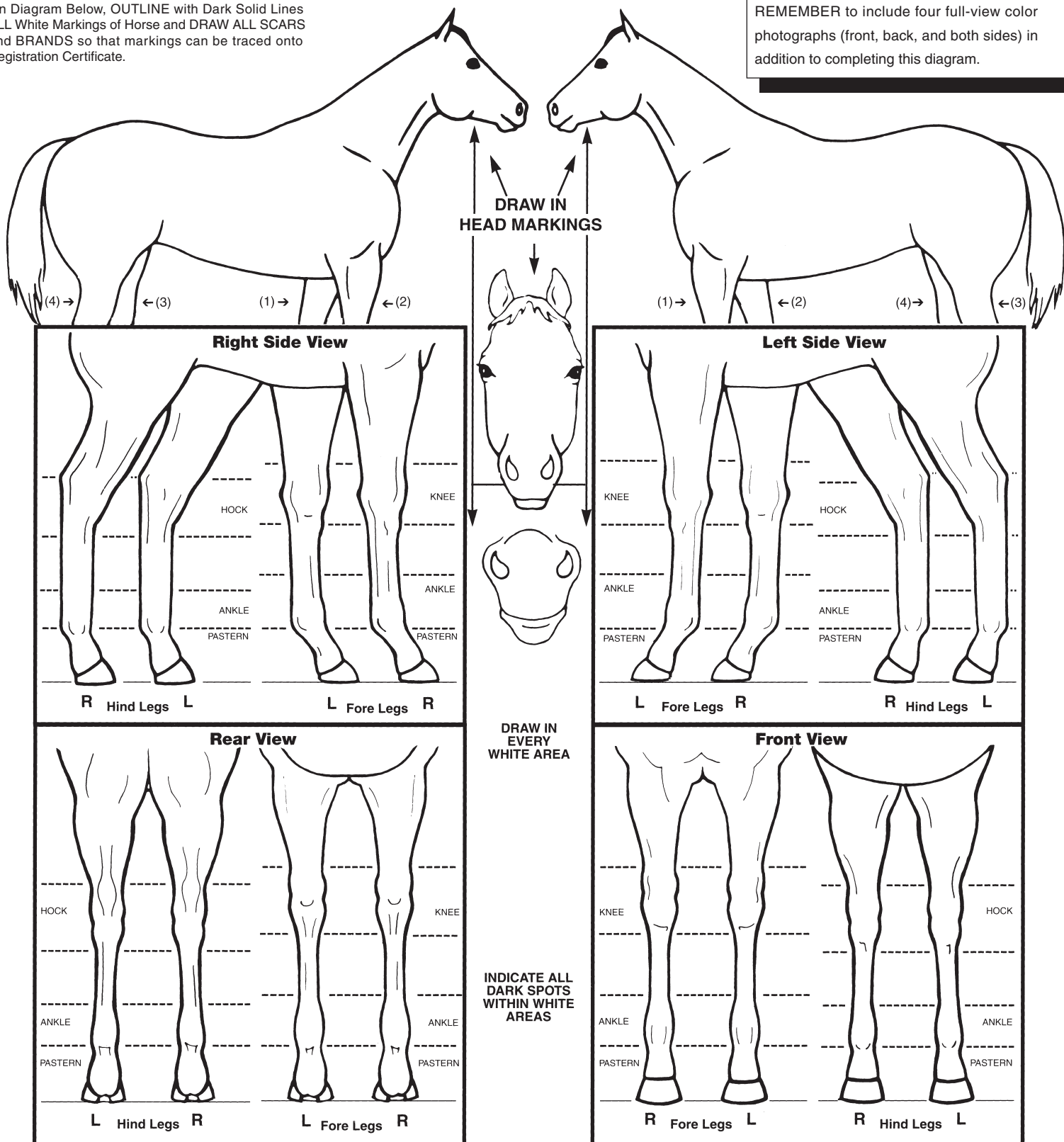
1-800-291-7323 to subscribe.

For information on the electronic edition of this publication, go to <http://aqharacing.newsstand.com>.

Subscribing to these publications will keep you as up-to-date as possible of the happenings in the American Quarter Horse industry.

On Diagram Below, OUTLINE with Dark Solid Lines ALL White Markings of Horse and DRAW ALL SCARS and BRANDS so that markings can be traced onto Registration Certificate.

REMEMBER to include four full-view color photographs (front, back, and both sides) in addition to completing this diagram.



WRITTEN DESCRIPTION OF HORSE: COLOR _____ GELDED Yes ___/___/___ No
(Date, if known)

MARKINGS ON HEAD: _____

(1) LEFT FORE LEG _____

(2) RIGHT FORE LEG _____

(3) LEFT HIND LEG _____

(4) RIGHT HIND LEG _____

(5) OTHER OR UNUSUAL MARKINGS OR COLOR _____

COLOR OF MANE AND TAIL _____

SCARS, BRANDS AND TATTOOS _____ If branded, please provide the name: _____

**Call (806) 376-4811 for information on
 AQHA programs and services.**

**To learn about AQHA Corporate Partners, visit
www.aqha.com.**