

# Corrected Certificate

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168  
WWW.AQHA.COM • © 806-376-4811 • FAX: 806-349-6405



**INSTRUCTIONS: \* PLEASE READ CAREFULLY \* A delay in processing will result if information is omitted.**

1. Original Certificate must accompany this form.
2. Reverse side must be completed in its entirety, indicating the color, sex and all markings, scars, brands and tattoos.
3. **Four full-view color photographs (front, back and both sides) are *required* in all instances. Not returnable.**
4. AQHA retains the right to require additional information and/or photographs before issuing a corrected certificate.
5. If a change in ownership needs to be made, include a properly completed transfer report with appropriate fees.

Please regard this as a request for issuance of a corrected certificate for:

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HORSE'S NAME

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REGISTRATION NUMBER

**To be completed by owner on AQHA's records.**

I, \_\_\_\_\_, as the record owner, or the authorized agent for the record owner, of the American Quarter Horse stated above, state that the horse herein described is living on this date, and that the drawings shown on the reverse of this document are true, correct and actual of the horse whose name and registration number are shown above. By submitting this document to AQHA, I hereby agree to be bound by all the terms and conditions of AQHA's *Official Handbook of Rules and Regulations*.

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SIGNATURE OF RECORD OWNER OR AUTHORIZED AGENT

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AQHA ID#

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

*Please mail certificate to:*

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NAME

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AQHA ID#

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ADDRESS

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CITY

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STATE/PROVINCE/COUNTRY

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ZIP CODE

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DAYTIME TELEPHONE NUMBER

★ IMPORTANT ★

★ Make correction on the reverse side of this form, including color, sex, and ALL markings, scars, brands and tattoos. ★

## FEES

**FEES SUBJECT TO CHANGE WITHOUT NOTICE.**

An office processing fee will be charged on all work not processed to completion.

	<b>Member</b>	<b>Non-Member</b>
<b>CORRECTION FEE:</b> .....	<b>\$20</b>	<b>\$20</b>

**OPTIONAL:** Special Handling for 2-day service .....

**\$100** .....

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

**OVERNIGHT U.S.** .....

**\$35**

**OVERNIGHT International** .....

**\$55**

**OVERNIGHT U.S. 2-Day Service** .....

**\$10**

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 The American Quarter Horse Journal, AQHA's official member publication. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and I agree to be bound by all the terms and conditions of AQHA's *Official Handbook of Rules and Regulations*.

CHECK  MONEY ORDER

**IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:**

VISA  MasterCard  AM EX  DISCOVER

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CARD NUMBER

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EXP. DATE (MMYY)

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DAYTIME PHONE

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CARDHOLDER NAME

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CARDHOLDER SIGNATURE

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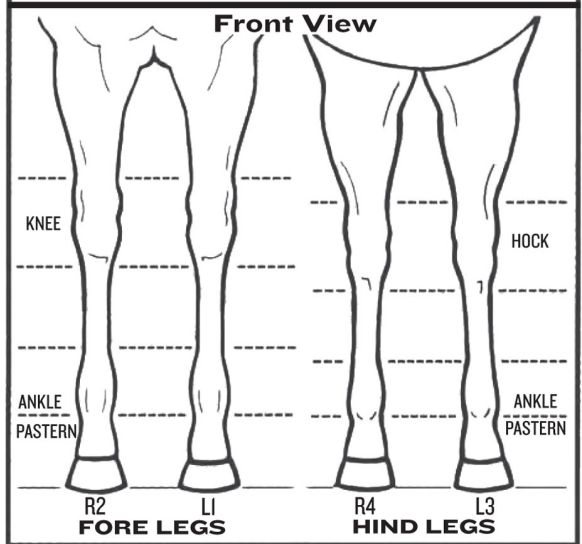
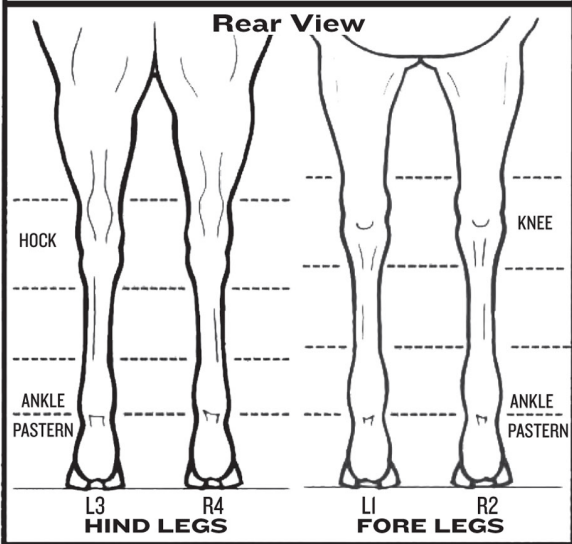
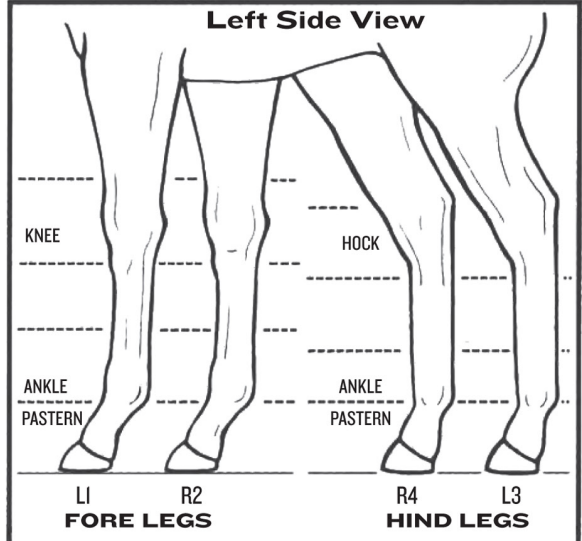
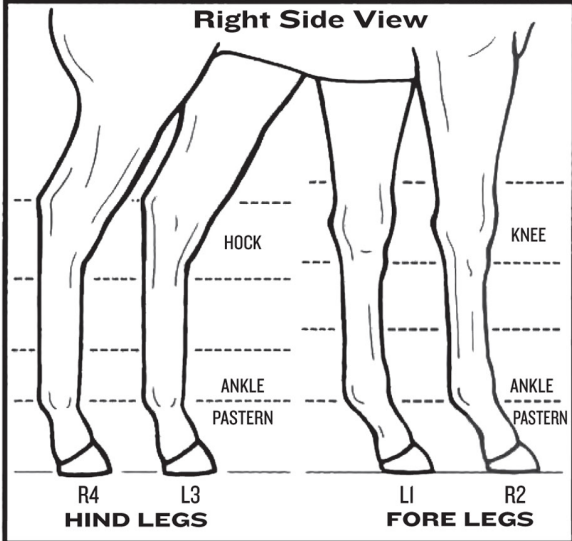
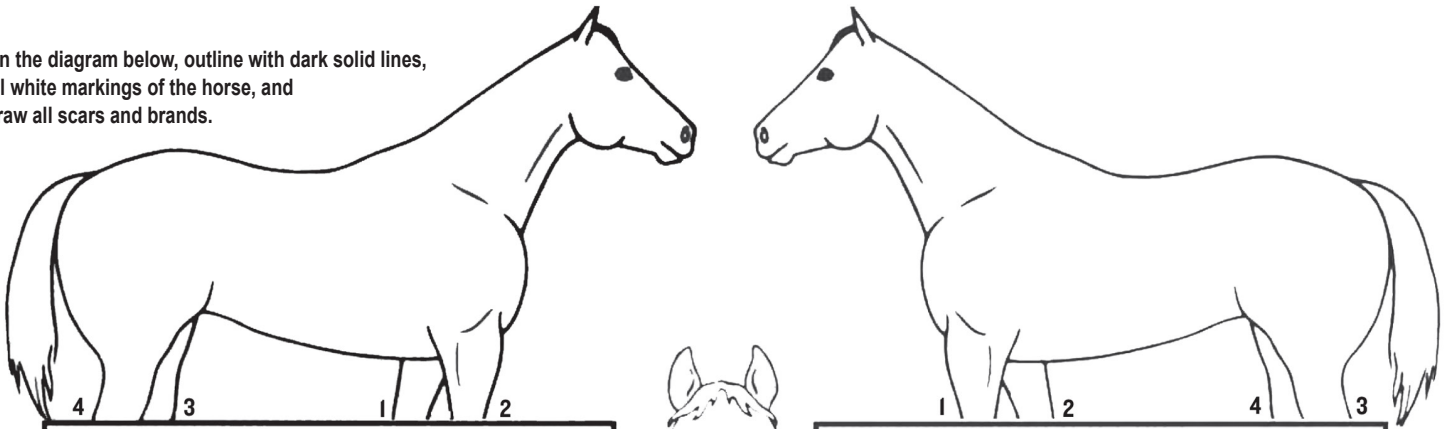
BILLING ZIP CODE

Please be advised all payments will be assessed a nonrefundable transaction fee of 2.5%, effective May 1, 2022. AQHA reserves the right to waive the fee, if payment is submitted by check or money order.

**CREDIT CARD WILL BE BILLED FULL BALANCE OF SELECTED AND APPLICABLE FEES.**

**DO NOT SEND CASH • U.S. FUNDS ONLY**

On the diagram below, outline with dark solid lines, all white markings of the horse, and draw all scars and brands.



**MARKINGS** (FILL IN IF APPLICABLE) – WRITTEN DESCRIPTION OF HORSE:

Horse Color \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex \_\_\_\_\_ GELDED  Yes (DATE GELDED IF KNOWN) \_\_\_\_/\_\_\_\_/\_\_\_\_

H Markings on Head \_\_\_\_\_

L1 Left Fore Leg: \_\_\_\_\_

R2 Right Fore Leg: \_\_\_\_\_

L3 Left Hind Leg: \_\_\_\_\_

R4 Right Hind Leg: \_\_\_\_\_

Color of Mane and Tail: \_\_\_\_\_ Other or Unusual Markings or Color: \_\_\_\_\_

Scars, Brands and Tattoos: \_\_\_\_\_ Microchip Number: \_\_\_\_\_