

Duplicate 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 Español ☎ 806-373-2281

INSTRUCTIONS: Please read carefully. A delay in processing will result if information is omitted.

- Part I must be completed by owner on AQHA records.
- Part II completed if lost by someone other than owner on AQHA's records.
- Four full-view color photographs (front, back and both sides) are required in all instances. Not returnable.
- Diagram on back must be completed.
- AQHA retains the right to require additional information and/or photographs before issuing a duplicate certificate.
- If a change in ownership needs to be made, please include properly completed transfer report with appropriate fees.

PLEASE REGARD THIS AS A REQUEST FOR ISSUANCE OF A DUPLICATE CERTIFICATE FOR:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

HORSE'S NAME

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

REGISTRATION NUMBER

PART I To be completed in ALL INSTANCES by record owner

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

ONE OF THE CIRCLES BELOW MUST BE FILLED IN.

- 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 _____

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 statement 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. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

SIGNATURE OF RECORD OWNER _____

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP CODE _____

_____|_____|_____|_____|_____|_____|_____|_____|

AQHA ID NUMBER

E-MAIL ADDRESS _____ OWNER'S DAYTIME TELEPHONE NUMBER _____

PART II To be completed IN ADDITION to Part I if the certificate was not lost by record owner

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

ONE OF THE CIRCLES BELOW MUST BE FILLED IN 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 AQHA.
- I mailed or delivered the certificate to:

NAME _____ ADDRESS _____

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

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 statement 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. Through the payment of a membership fee to AQHA, I acknowledge that membership in AQHA is voluntary and agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.

SIGNATURE OF PERSON MAKING THIS STATEMENT. NOT TO BE SIGNED BY RECORD OWNER _____

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP CODE _____

_____|_____|_____|_____|_____|_____|_____|_____|

AQHA ID NUMBER

E-MAIL ADDRESS _____ OWNER'S DAYTIME TELEPHONE NUMBER _____

MAIL CERTIFICATE TO: _____ AQHA ID NUMBER _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____

FEES FEES SUBJECT TO CHANGE WITHOUT NOTICE.

DUPLICATE FEE: Member \$50 Non-Member \$105

OPTIONAL: Special Handling for 2-day service \$100 \$100

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

OPTIONAL: OVERNIGHT service \$20 \$20

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.

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. 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:**

AMERICAN EXPRESS MASTERCARD VISA

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CARD NUMBER

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

EXP. DATE (MMYY)

DAYTIME PHONE

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CARDHOLDER NAME

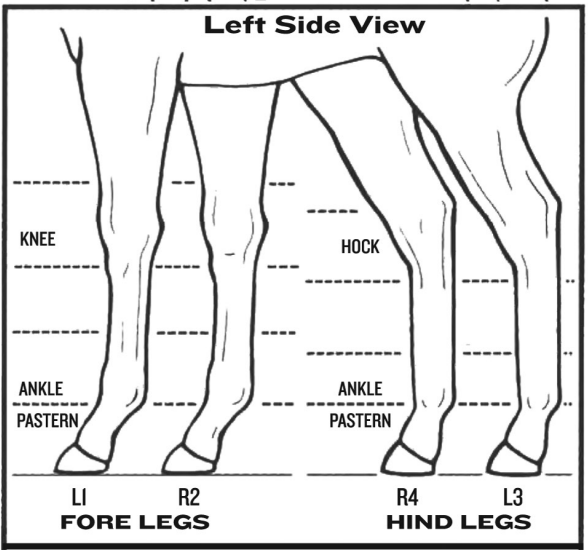
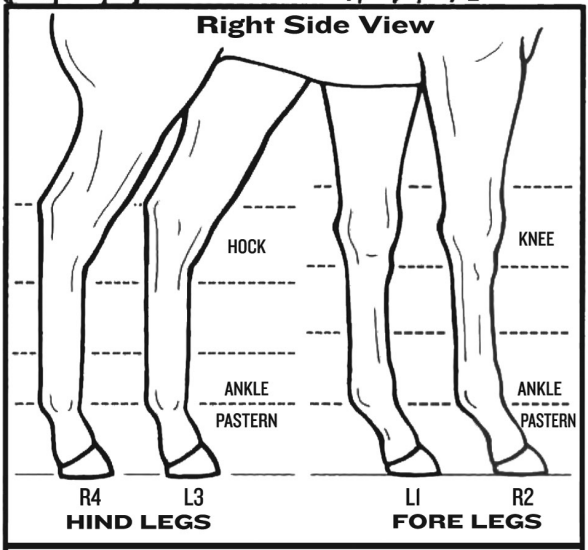
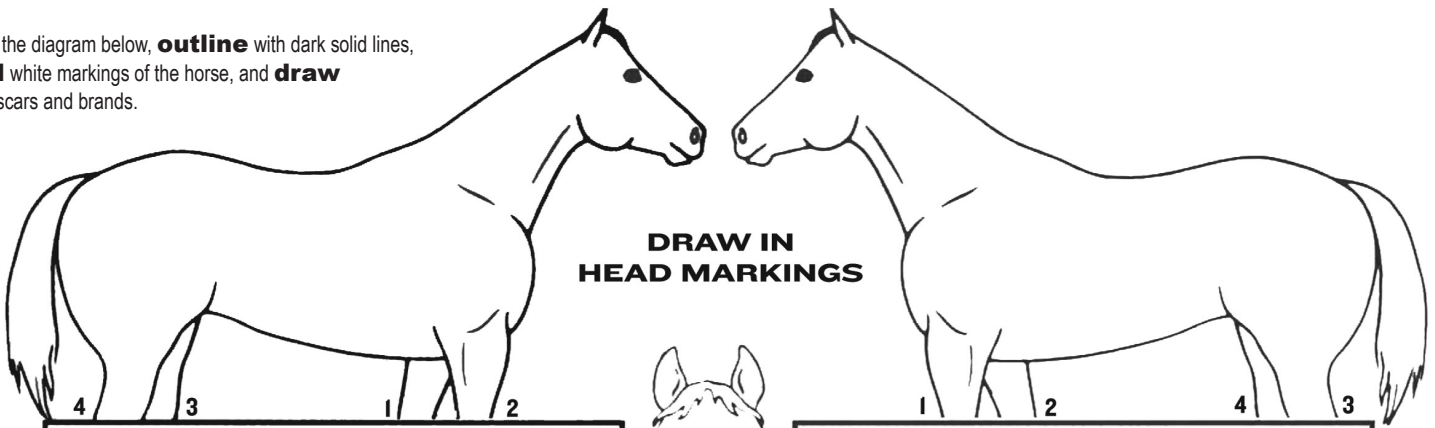
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CARDHOLDER SIGNATURE

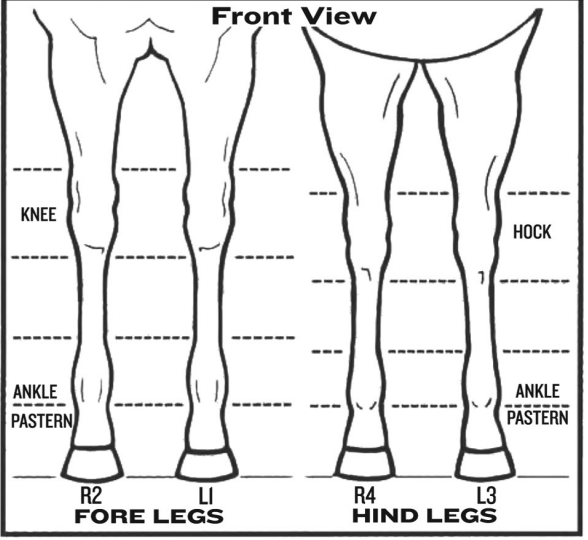
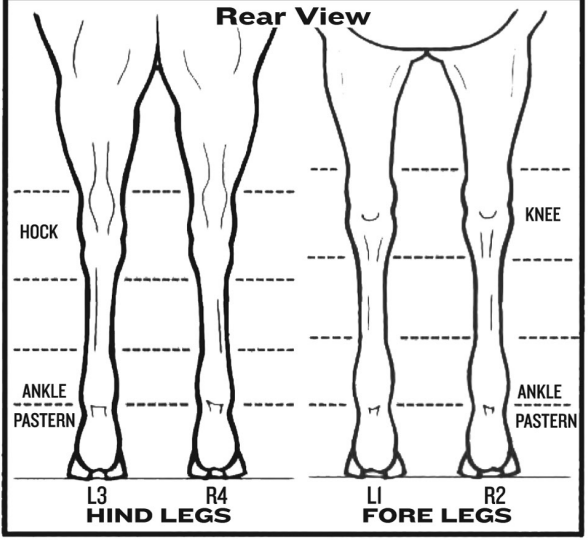
BILLING ZIP CODE

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.



DRAW IN EVERY WHITE AREA



INDICATE ALL DARK SPOTS WITHIN WHITE AREAS

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

Horse Color: _____ Eye Color: _____ Sex: _____ GELDED No 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 or Whorls: _____

Scars, Brands and Tattoos: _____ If Branded, please provide the name: _____

Check if freeze brand

QUESTIONS? CALL (806) 376-4811 FOR ASSISTANCE.