AMERICAN QUARTER HORSE ASSOCIATION

Affidavit for Duplicate Certificate

FOR FEDEX 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 of affidavit must be completed.
- Form must be notarized.
- 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 AFFIDAVIT 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 in this affidavit.

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 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. 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*.

Sworn to before me this _____ **day of** _____ **,** _____

Signature of Record Owner

Notary Public | Address | City | State/Province | Zip Code

My commission expires | 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 in this affidavit.

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 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. 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*.

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/Province | Zip Code

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/Province | Zip Code

FEES — FEES SUBJECT TO CHANGE WITHOUT NOTICE.

	Member	Non-Member
DUPLICATE FEE:	**$30**	**$70**
◯ **OPTIONAL: Special Handling for 2-day service**	**$30**	**$30**
◯ **OPTIONAL: FEDEX service**	**$15**	**$15**

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

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.

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

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

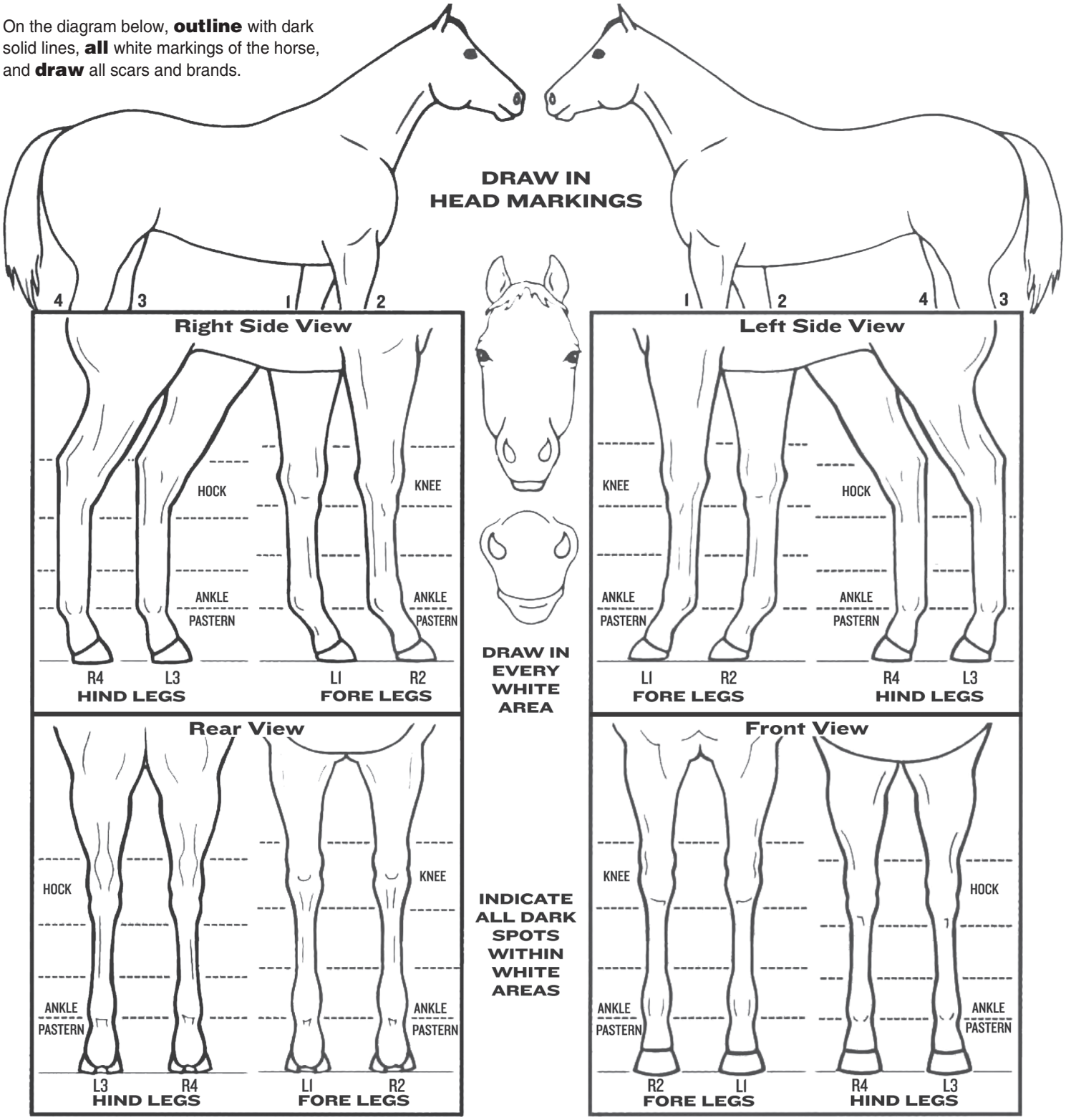
CARDHOLDER SIGNATURE

JOURNAL
THE AMERICAN QUARTER HORSE JOURNAL

SUBSCRIBE ONLINE AT *AQHAJOURNAL.COM*
SUBCRIBING TO THE *JOURNAL* **WILL KEEP YOU UPDATED ON THE AMERICAN QUARTER HORSE INDUSTRY.**

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.



Written description of Horse: Color _____ Sex _____ GELDED ◯ Yes (DATE GELDED IF KNOWN) _____ / _____ / _____ ◯ No

Markings on Head _____ Eye Color: _____

1) Left Fore Leg: _____

2) Right Fore Leg: _____

3) Left Hind Leg: _____

4) Right Hind Leg: _____

5) Other or Unusual Markings or Color, including Whorls: _____

Color of Mane and Tail: _____

Scars, Brands and Tattoos: _____ If Branded, please provide the name: _____
Fill in if freeze brand ◯

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