

# 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:

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HORSE'S NAME

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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 \_\_\_\_\_

	E-MAIL ADDRESS	OWNER'S DAYTIME TELEPHONE NUMBER
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AQHA ID 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 \_\_\_\_\_

	E-MAIL ADDRESS	OWNER'S DAYTIME TELEPHONE NUMBER
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AQHA ID NUMBER

MAIL CERTIFICATE TO: \_\_\_\_\_ AQHA ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**FEES** FEES SUBJECT TO CHANGE WITHOUT NOTICE.

	Member	Non-Member
<b>DUPLICATE FEE:</b> .....	<b>\$30</b>	<b>\$75</b>
<input type="radio"/> <b>OPTIONAL: Special Handling for 2-day service</b> .....	<b>\$30</b>	<b>\$30</b>
<small>This fee is in addition to the regular duplicate fee. Please place "RUSH" on the outside of the envelope.</small>		
<input type="radio"/> <b>OPTIONAL: OVERNIGHT service</b> .....	<b>\$20</b>	<b>\$20</b>
<small>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.</small>		

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			

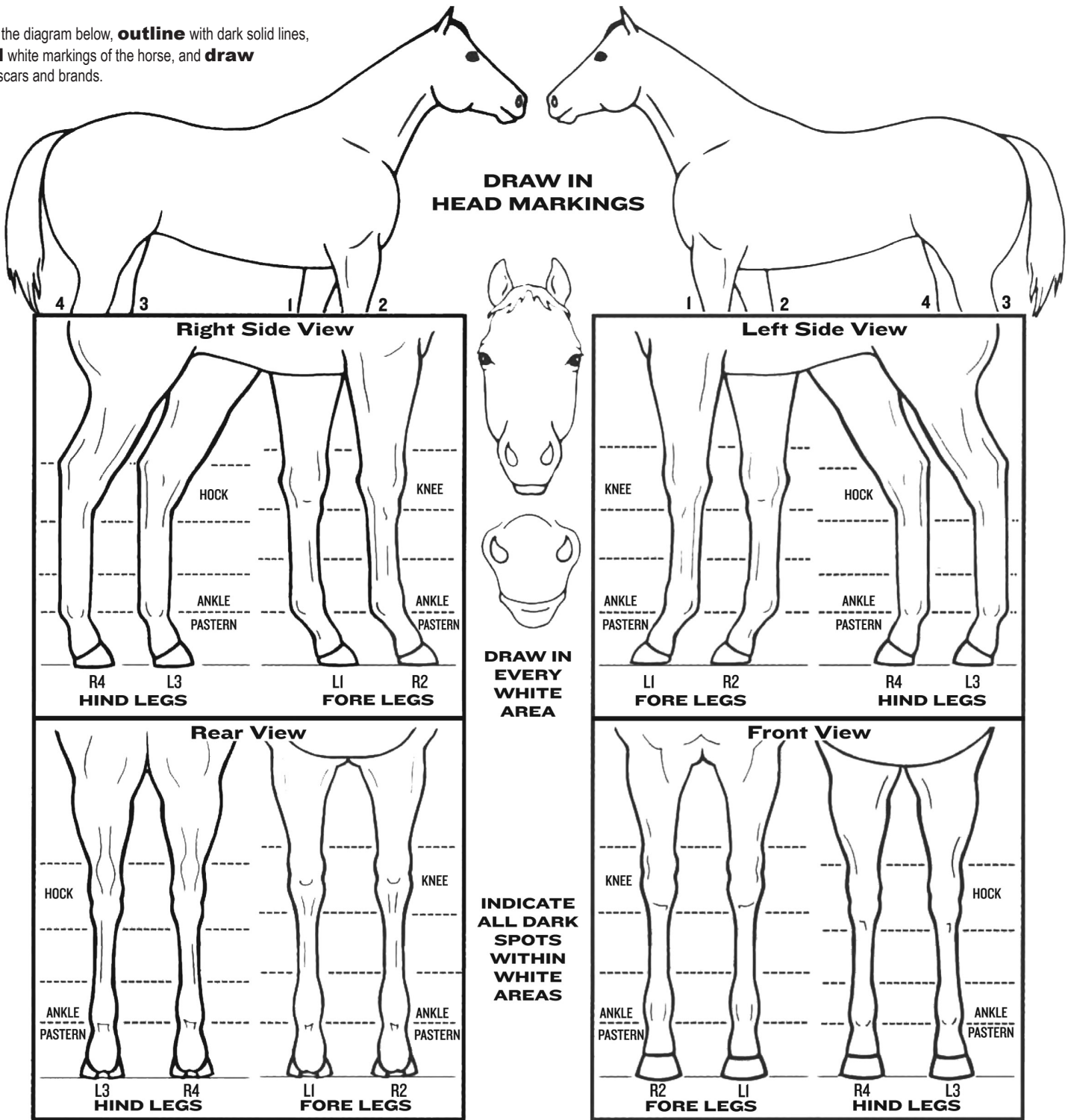
EXP. DATE (MMYY)	DAYTIME PHONE	

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.



**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.**