

Affidavit for Duplicate Certificate



American Paint Horse Association

Mailing Address: P.O. Box 961023 ♦ Fort Worth, Texas 76161
Physical Address: 2800 Meacham Boulevard ♦ Fort Worth, Texas 76137
(817) 834-APHA (2742) ♦ Fax (817) 834-3152
www.apha.com ♦ askapha@apha.com

Certificate to be replaced

- ♦ Complete this form and return to the American Paint Horse Association with the applicable duplicate certificate fee.
- ♦ **Enclose two current full side view photographs of the horse (a direct right-side view and a direct left-side view) to clearly show all markings. (Photographs will not be returned.)**
- ♦ A duplicate certificate may not be issued if the original certificate is still in existence.
- ♦ If your horse is a Solid Paint Bred please include an additional photo of the front for identification purposes.
- ♦ If your horse is a light colored Palomino, Cremello, Perlino or Gray, additional photos of the markings/pattern may be required for identification purposes.

Registered Name of Horse: _____ APHA Reg. No.: _____

Owner's Name: _____ Owner's APHA I.D. No.: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

The above listed individual attests that he/she is the owner of record of the above-listed Paint Horse registered by the American Paint Horse Association.

He/she also states that the original certificate of registration was in his/her possession until ____/____/____

Explain in detail what happened to the registration certificate: _____

The undersigned certifies that the horse herein described is alive on this date, and the photographs enclosed with this form are true and correct. The undersigned further understands and acknowledges that the original registration certificate will be null and void at such time as a duplicate registration certificate is issued. If it is determined that a duplicate has been issued based on false or inaccurate information, the applicant/record owner/affiant may be subject to disciplinary action and the duplicate certificate may be recalled.

The undersigned hereby agrees to indemnify and hold harmless the American Paint Horse Association from any claim or cause of action, including expenses and attorney fees of whatsoever kind or nature, whenever or however arising, by virtue of its reliance on this affidavit and its issuance of the replacement certificate.

Signature of Owner of Record: X

Notary

- ♦ This form must be notarized and completed in its entirety.
- ♦ International members may submit a photocopy of a photo ID in lieu of notarization.

Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

Signature of Notary Public in and for said State and for said County: X

Stamp or seal

My commission expires: _____

State of: _____

County of: _____

Fees

- ♦ Average duplicate certificate completion times range from two to four weeks, depending on the time of year submitted. Following is required on rush work:
 1. Envelope marked "RUSH"
 2. Daytime phone number
 3. Certified funds or a credit card payment
- ♦ The rush fee will not be refunded.
- ♦ Minimum processing time for a rush duplicate is 10 working days from date received.
- ♦ Fees subject to change without notice.
- ♦ An office processing fee of \$10 will be charged on all work not processed to completion.

Fees	Member Rate
<input type="checkbox"/> Duplicate Certificate	\$25
<input type="checkbox"/> Rush Service requires an additional fee	\$25
<small>US Funds Only</small>	

Membership Levels

- One-year—\$40 Three-year—\$90
- Five-year—\$150 Lifetime—\$500
- Junior One-year—\$20
(Age 18 or younger) Birthdate: ____/____/____
- Junior Three-year—\$40
(Age 18 or younger) Birthdate: ____/____/____
- J-Term—\$100
(Good through age 18) Birthdate: ____/____/____

Total Amount Due

Duplicate Certificate Fee: \$ _____

Rush Fee: \$ _____

Membership Dues: \$ _____

TOTAL \$ _____

- Check or money order enclosed. **Do not send cash.**
Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.
- MasterCard Visa American Express

If paying by credit card, please complete the following.

Card No.: _____

Exp. Date: _____ CVV#: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

Signature: X

Membership

- ♦ The owner must have a current membership in the same name that the horse is owned or pay non-member fees. Memberships begin the same month affidavit is postmarked.
- ♦ For more information, please call Customer Service at 817-222-6423 or e-mail askapha@apha.com.