<u>fidavit for Duplicate Certificate—Current Owner</u>



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.

| D IN | | ADILA D. M. | |
|--|---------------|------------------------------------|------------------------------|
| Registered Name of Horse: | | APHA Reg. No.: | |
| Current Owner's Name: | | Owner's APHA I.D. No.: | : |
| Date of Purchase: | | | |
| Current Owner's Address: | | | |
| City: | State: | Zip: | |
| Daytime Phone: | | E-mail: | |
| Recorded Owner's name: | | | |
| | being first d | uly sworn, says they are the curre | ent owner of the Paint Horse |
| (Current Owner) | | Reg. No: | duly registered by the |
| American Paint Horse Association. | | Reg. 110 | daily registered by the |
| Detail your attempts to contact the recorded o | wner: | | |
| | | | |
| Did you have posession of the registration cert original certificate. If no, do you know what h | | | |
| | | | |

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.

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.

Notary Public: Subscribed and sworn to before me this ______ day of __ Notary Public in and for Stamp or seal said State and for said County:

Signature: X

My commission expires: State of: ___

- All fees are subject to change.
- An office processing fee of \$10 will be charged on all work not processed to completion.

Membership

Fees

- The owner must have a current membership in the same name that the horse is owned. Memberships begin the same month affidavit is postmarked.
- For more information, please call Registration Services at 817-222-6425 or e-mail regservices @apha.com.

| rees | Member Rate |
|---|---------------|
| Duplicate Certificate Fee | \$25 |
| | US Funds Only |
| 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: \$ | |

Membership Dues:

TOTAL

Signature of Current Owner to be Recorded: X

County of:

| ☐ Check or money order enclosed. <i>Do not send cash</i> . 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: | | | |