



CORRECTED CERTIFICATE FORM

1600 Quarter Horse Drive, Amarillo, TX 79104 • PO Box 200, Amarillo, Texas 79168 • 806-376-4811 • www.aqha.com

		Payment is required at the time of processing and in U.S. funds only.
Ì		An office processing fee will

processed to completion.

☐ \$100 RUSH FEE for expedited service*

*In addition to the correction fee and does not include overnight delivery. Please notate RUSH on the outside of envelope if mailing to AQHA.

OVERNIGHT mail for U.S	\$35
OVERNIGHT mail for International	.\$75
2-DAY mailing within the U.S	.\$20

A physical address is needed if you select one of these options.

INSTRUCTIONS

- Complete the required (*) fields below. List the horse information and correction needed.
- The Original Certificate of Registration must accompany this form.
- Four full-view color photographs (front, rear and both sides) are required in all instances and non-returnable.
- The markings diagram must be completed in its entirety, indicating the color, markings, brands and/or scars.
- AQHA retains the right to require additional information and/or photographs before issuing a corrected certificate.
- If a change in ownership needs to be made, a properly completed transfer report must accompany this form along with the appropriate fees.

HORSE DETAILS						
HORSE NAME*		REGISTRATION NUMBER*				
	СО	RRECTION				
□ COLOR	Provide the correct horse color					
☐ GENDER	Provide the correct horse gender					
BRAND	Provide the brand					
☐ MICROCHIP	List the microchip number and location	LOCA	TION			
☐ MARKINGS	Describe the correct markings and com	plete the diagram on the reverse side				
☐ OTHER Specify what is needed						
and that the drawings		Horse stated above, I state that the horse hereing to a submitting this document to AQHA gulations.				
OWNER/AUTHORIZED AGENT'S SIGNATURE*		AOHA MEMBERSHIP ID*	DATE*			

FEES	FEES SUBJECT TO CHANG	E WITHOUT NOTICI
ПС	ORRECTION FEE	Member \$20

CHECK MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:			
	□ VISA □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
	CARD NUMBER			
EXP. DATE (MMYY)	DAYTIME PHONE			
CARDHOLDER NAME				
CARDHOLDER SIGNATURE BILLING ZIP CODE				
Please be advised all payments will be assessed a nonrefundable transaction fee of 2.5%. AQHA reserves the right to waive the fee if payment is submitted by check or money order.				
CREDIT CARD WILL BE BILL	ED FULL BALANCE OF SELECTED AND APPLICABLE FEES.			

DO NOT SEND CASH • U.S. FUNDS ONLY

MARKINGS

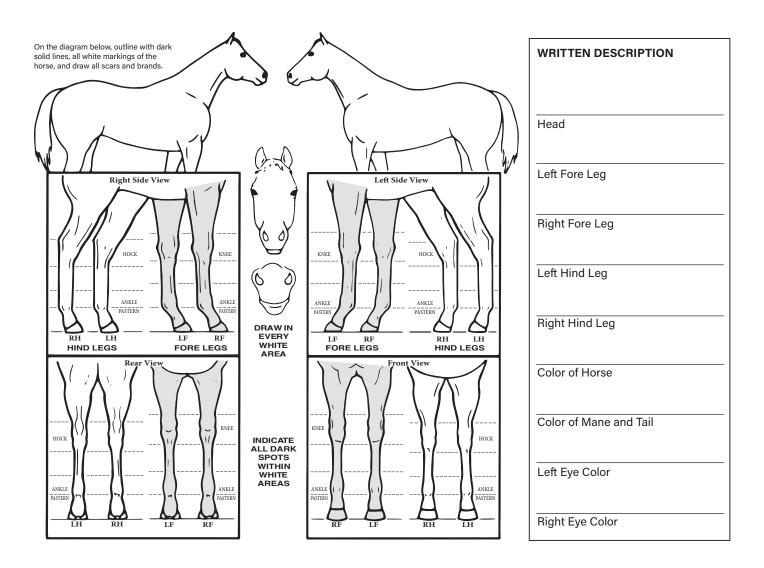
On the diagram below, draw all white markings of your horse along with any scars or brands.

SCARS AND/OR BRANDS - LIST LOCATION ON HORSE

OTHER UNUSUAL MARKINGS OR COLOR

MICROCHIP NUMBER (PLACE MANUFACTURER LABEL HERE, IF POSSIBLE)

LOCATION OF MICROCHIP



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