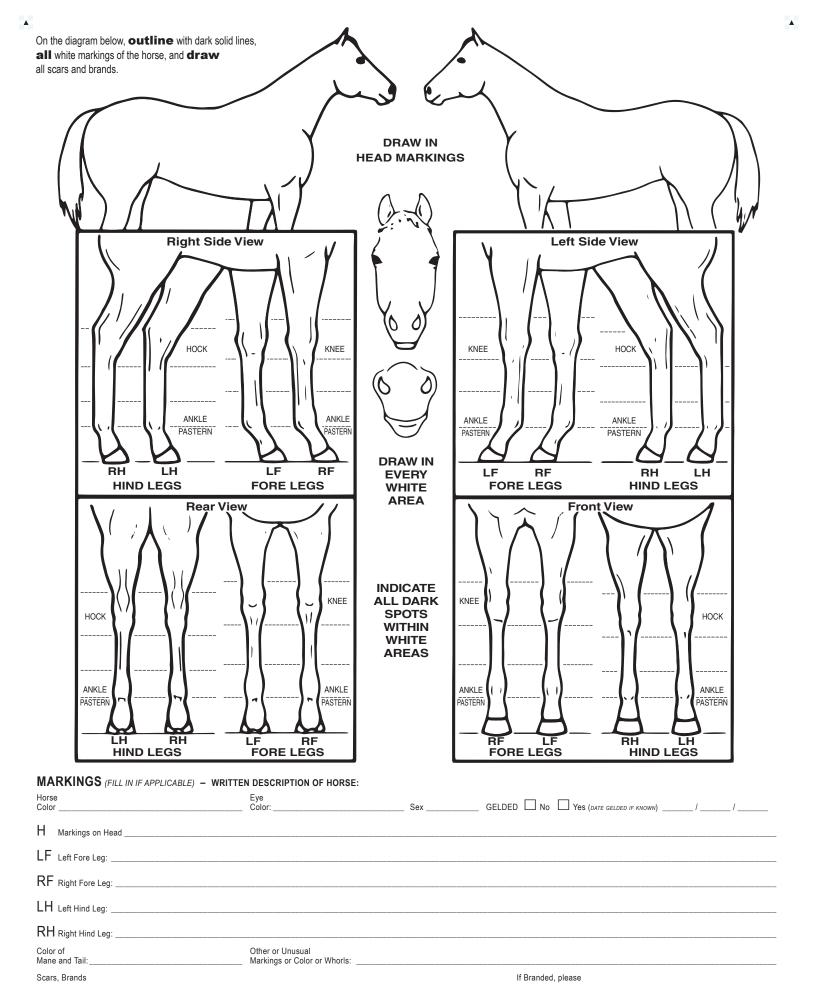




QUARTER HORSE
ASSOCIATION

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

Part I must be completed by owner on AQHA records. Part II completed if lost by someone other than owner are required in all inst.			and both sides)		AQHA retains the right to require additional information and/or photographs before issuing a duplicate certificate.			
on AQHA's records. • Diagram of	ompleted.		 If a cha properl 	 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 DUPLICA	ATE CERTIFICATE	E FOR:						
HORSE'S NAME					REGISTRATION NUM	IDED		
PART 1 To be completed in ALL INSTANCES by record owner					REGISTRATION NON	IDEK		
,								
I,, hereb ONE OF THE CIRCLES BELOW MUST BE FILLED IN.	by affirm that the senter	nce marked below des	scribes the circums	stances surrounding	the loss or destruction	of the certificate for th	he horse identified above.	
I lost the certificate.								
☐ I never received the certificate from AQHA. ☐ I mailed or delivered the certificate to:								
NAME Representation to an auction company, please also list the date of the sale								
If given to an auction company, please also list the date of the sale Other (please provide explanation in English):								
The undersigned agrees to indemnify and hold harmless AQHA from any and all liability, whenev	ver or however arising,	by virtue of its reliance	on this statement	and its issuance of t	he replacement certific	ate; agrees to defend	AQHA at his expense;	
and if judgement is made against AQHA, to pay judgement and obtain written release in form ac by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations.	sceptable to AQHA. Thr	rough the payment of	a membership fee	to AQHA, I acknowle	dge that membership i	n AQHA is voluntary a	and agree to be bound	
SIGNATURE OF RECORD OWNER								
ADDRESS	CITY			STATE/PRO	VINCE/COUNTRY	ZIP CODE		
AQHA ID NUMBER				OW	NER'S DAYTIME TEL	EPHONE NUMBER		
PART (I) To be completed IN ADDITION to Part I if the certificate was no	•							
I,certificate for the horse identified above.	, hereby affirm t	that the sentence n	narked below de	escribes the circui	nstances surroundi	ng the loss or dest	ruction of the	
ONE OF THE CIRCLES BELOW MUST BE FILLED IN FOR US TO PROCEED	D.							
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			ADDF	RESS				
If given to an auction company, please also list the date of the sale								
Other (please provide explanation in English): The undersigned agrees to indemnify and hold harmless AQHA from any and all liability, whenever	ver or however arising.	by virtue of its reliance	on this statement	and its issuance of t	he replacement certific	ate: agrees to defend	AQHA at his expense:	
and if judgement is made against AQHA, to pay judgement and obtain written release in form ac 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	ER							
ADDRESS	CITY			STATE/PRO	VINCE/COUNTRY	ZIP CODE		
E-MAIL ADDRESS				OW	NER'S DAYTIME TEL	EPHONE NUMBER		
AQHA ID NUMBER								
MAIL CERTIFICATE TO:				A	QHA ID NUMBER			
ADDRESS								
CITY		STATE/PROVINCE	/COUNTRY			ZIP CODE		
FEES FEES SUBJECT TO CHANGE WITHOU	UT NOTICE	□ CHECK □ M	ONEY OPDED	IF PAYING BY CR	EDIT CARD, PLEASE	COMPLETE THE FO	OLLOWING:	
An office processing fee will be charged on all work not processed to completion.		GOILEGI CIM		□ VISA □ 🔍	DISCO	VER		
DUPLICATE FEE: Member \$50	Non-Member \$115							
OPTIONAL: Special Handling for 2-day service\$100	\$100			CARD NUM	BER I			
This fee is in addition to the regular fee. Please place "RUSH" on the outside of the OVERNIGHT U.S.		EXP. DATE (MM	IYY)		DAYTIME PHO	NE NE		
OVERNIGHT International								
OVERNIGHT U.S. 2-Day Service	\$20		1	CARDHOI	DER NAME			
Dues payments MAY BE deductible by members as an ordinary and necessary bu however, contributions or gifts to the American Quarter Horse Association are ne	not deductible as		p. 10001771	DER SIGNATURE		BILLING ZIP CODE		
charitable contributions for federal income tax purposes. However, donations to the A Horse Foundation ARE tax-deductible to the extent allowed by law. \$1 of your ann due is designed for exclusive in the American Quarter Horse Income.		d all payments will be	e assessed a nonrefun	dable transaction fee of 2	5%, effective May 1, 20	-		
dues is designated for a subscription to The American Quarter Horse Journal, AQHA's publication. Through the payment of a membership fee to AQHA, I acknowledge t in AQHA is voluntary and I agree to be bound by all the terms and conditions of	that membership		-		itted by check or money of LECTED AND APPLICA			
Handbook of Rules and Regulations.		DO	NOT SE	ND CASH	I • U.S. FU	NDS ONL	4	



Check if freeze brand QUESTIONS? CALL **(806) 376-4811** FOR ASSISTANCE.

and Tattoos:

provide the name: