

Affidavit for Duplicate Certificate—Current Owner



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161-0023
 (817) 834-APHA (2742) • Fax: (817) 834-3152
 apha.com • askapha@apha.com

This form must be notarized.

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.: _____

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

Date of Purchase: _____

Current Owner Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ E-mail: _____

Recorded Owner's Name: _____

_____ being first duly sworn, says they are the current owner of the Paint Horse
 (current owner)

_____ Reg. No: _____ duly registered by

the American Paint Horse Association.

Detail your attempts to contact the recorded owner: _____

Did you have possession of the registration certificates? Yes No If yes, explain in detail what happened to the original certificate. If no, do you know what happened to the certificate, or who last had possession of the certificate?

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.

Signature of Current Owner to be Recorded: X _____

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

Notary Public in and for
 said State and for said County: X _____

Stamp or seal

My commission expires: _____

State of: _____

County of: _____

Fees

- All fees are subject to change.
- An office processing fee of \$25 will be charged on all work not processed to completion.

Membership

- 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 MemberCare at 817-222-6425 or e-mail askapha@apha.com.

Fees

	Member
<input type="checkbox"/> Duplicate Certificate Fee	\$40 US Funds Only

Membership Levels

One-year—\$45 Three-year—\$105
 Five-year—\$175 Lifetime—\$750

Junior One-year—\$25
 (Age 18 or younger) Birthdate: ____/____/____

Junior Three-year—\$55
 (Age 18 or younger) Birthdate: ____/____/____

J-Term—\$125
 (Good through age 18) Birthdate: ____/____/____

Total Amount Due

Transfer Fees: \$ _____
 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 _____

Rev. 1/17