

Affidavit for Duplicate Certificate



American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164
apha.com

Select APHA services are available
online at discounted rates. Scan or click
the QR code to learn more.



Certificate to be replaced

- Complete this form and return it to the American Paint Horse Association with the applicable duplicate certificate fee and photos.
- Enclose two current 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.
- All fees necessary to complete the submitted work will be charged.
- If you are not yet the owner of record recorded by APHA for this horse, include a signed transfer report and associated fees with this form.

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

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

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

The above listed individual attests that he/she is the current owner of the above listed Paint Horse registered by the APHA.

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 Current Owner: X _____

Notary

- This form must be notarized and completed in its entirety.
- 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

- Work is done in the order it's received; the RUSH fee moves your work to the front of the line. Include the following:
 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 business days from date received.
- Fees subject to change without notice.
- An office processing fee will be charged on all work not processed to completion.

Fees	US Funds Only	Member Rate
Duplicate Certificate		\$49
Rush Service = additional		\$49
Membership Levels		
Adult*	Junior (18 or younger)	
One-year – \$89**	One-year – \$39**	
Three-year – \$199**	Three-year – \$79**	
Five-year – \$319**	J-term – \$159**	
	Birth date: ____/____/____	

* Adult memberships now include a *Paint Horse Journal* subscription. Lifetime members will receive a 7-year subscription.

** Discounted fees for select services when submitted online. Click or scan the QR code at the top for details.

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.

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 Number: _____

Exp. Date: _____ CCV: _____

Name of Cardholder: _____

APHA ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

E-mail: _____

Signature: X _____

Payment must accompany any work submitted to APHA.
By providing payment details, I am authorizing all charges necessary to complete this work.