

Request for Corrected Certificate



American Paint Horse Association

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Certificate to be corrected

- This form is provided for you to report all corrections to be noted on a horse's original registration certificate in compliance with rules RG-145, RG-150 and RG-155. Please furnish the applicable information, sign where indicated and mail to the above address with the original certificate. Current left and right side view photos will be required.

CORRECTIONS MADE FOR A FEE

- **Picture replacement**— A new certificate with an updated photo of the horse.
- **Registry Status Change.** If the horse is currently registered in the Solid Paint-Bred/Breeding Stock Registry and you feel that the horse is now eligible for the Regular Registry, a change of registry can be requested. Close-up photographs of the qualifying area, must be submitted. RG-070E allows some solid Paints to advance to the Regular Registry if they have a Paint pattern gene and Paint trait. Color/pattern DNA results from an APHA-approved lab are required. See rule-book for details.

CORRECTIONS MADE FREE OF CHARGE

- **Gelding.** Please provide the date of gelding. If the horse was gelded at the time of your purchase and a specific gelding date is not known to you, you may use your purchase date as the date of gelding.
- **Correction of color.** Please submit two recent, direct side-view photographs that clearly show the horse's current color. Additional photographs may be needed of the rear or primitive points if you are attempting to show dun gene characteristics.
- **Brand.** Please include a photo of the brand.
- **Scars/Miscellaneous.** If there is other information that should be noted on the horse's original registration certificate, please include that information in this area.

Registered Name of Horse: _____

APHA Registration Number: _____

Please issue an updated certificate for the following:

- Picture Replacement, \$25**
 Registry Status Change, \$75

The following certificate corrections are provided free of charge:

- Gelded**—Date of Gelding (Month/Day/Year): _____/_____/_____
 Correction of color—Please indicate color: _____
 Brand—Please indicate brand location: _____

 Scars/Miscellaneous—Please indicate information here: _____

Owner's Name: _____

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

Owner's Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____

Email: _____

Signature of Owner of Record: **X** _____

Completion Time

- Average corrected certificate completion times range from two to four weeks, depending on the time of year submitted. Following is required on rush work:
 1. Outside envelope marked "RUSH"
 2. Daytime phone number
 3. Certified funds or a credit card payment
- The rush fee will not be refunded.

Membership

- If you would like to purchase an APHA membership to take advantage of reduced rates for members, you may do so at this time.
- Memberships are issued in the exact same name as the name listed as the horse is owned. Memberships begin the same month request is postmarked.
- For more information, please call our MemberCare at 817-222-6423 or e-mail askapha@apha.com.
- Office processing fee of \$25 will be charged on all registration work that is not processed to completion.
- Fees subject to change without notice.

Fees

	Member
<input type="checkbox"/> Photo Replacement	\$25
<input type="checkbox"/> Registry Status Change	\$75
<input type="checkbox"/> Color/Pattern DNA Test (for RG-070E consideration)	\$125
<input type="checkbox"/> RUSH Service	\$25

Membership Levels

Adult*

- One-year—\$65 Three-year—\$150
 Five-year—\$250 Lifetime—\$1,100

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

Junior (Age 18 or younger)

- One-year—\$25 Three-year—\$55
 J-Term—\$125 Birth Date: _____/_____/_____

Total Amount Due

Replacement Fee:	\$ _____
Rush Fee:	\$ _____
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** _____