

Corrected 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 Español © 806-373-2281

INSTRUCTIONS: * PLEASE READ CAREFULLY * A delay in processing will result if information is omitted. 1. Original Certificate must accompany this form. 2. Reverse side must be completed in its entirety, indicating the color, sex and all markings, scars, brands and tattoos. 3. Four full-view color photgraphs (front, back and both sides) are required in all instances. Not returnable. 4. AQHA retains the right to require additional information and/or photographs before issuing a corrected certificate. 5. If a change in ownership needs to be made, include a properly completed transfer report with appropriate fees. Please regard this as a request for issuance of a corrected certificate for: HORSE'S NAME REGISTRATION NUMBER To be completed by owner on AQHA's records. , as the record owner, or the authorized agent for the record owner, of the American Quarter Horse stated above, state that the horse herein described is living on this date, and that the drawings shown on the reverse of this document are true, correct and actual of the horse whose name and registration number are shown above. By submitting this document to AQHA, I hereby agree to be bound by all the terms and conditions of AQHA's Official Handbook of Rules and Regulations. SIGNATURE OF RECORD OWNER OR AUTHORIZED AGENT ADDRESS CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER F-MAIL ADDRESS Please mail certificate to:

★ IMPORTANT ★

★ Make correction on the reverse side of this form, including color, sex, and ALL markings, scars, brands and tattoos. ★

| FEES | FEES SUBJECT TO CHANGE WITHOUT NOTICE. | | |
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| CORRECTION FEE: | | Member \$15 | |
| • | Handling for 2-day serv | | |
| O OPTIONAL: OVERN | IGHT service | \$20 | \$20 |
| within the United States and doe | requested special handling above. is not include Saturday delivery ch or Saturday services, please contain | narges. For those int | erested in service |
| contributions or gifts to the Americ for federal income tax purposes. deductible to the extent allowed by , AQHA's official member publication | le by members as an ordinary and in an Quarter Horse Association are not However, donations to the America law. \$1 of your annual membership on. Through the payment of a memb and I agree to be bound by all the te | ot deductible as chari an Quarter Horse Fo dues is designated fo ership fee to AQHA, | itable contributions undation ARE tax- or a subscription to I acknowledge that |

| ☐ CHECK ☐ MONEY ORDER | IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING: | | |
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| AMERICAN EXPRESS MASTERCA | ARD VISA C | | |
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| CARD NUMBER | | | |
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| EXP. DATE (MMYY) DAYTIME PHONE | | | |
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| 1 1 1 1 1 1 | | | |
| CARDHOLDER NAME | | | |
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| CARDHOLDER SIGNATURE BILLING ZIP CODE | | | |

DO NOT SEND CASH • U.S. FUNDS ONLY

