

P.O. Box 186 • Nancy, Kentucky 42544 (606) 271-2963 www.AmericanRanchHorse.net arhacontact@aol.com

[] Check or Money Order enclosed. DO NOT SEND CASH Check # Date:	-		
[] Visa or MasterCard There is a 5% handling fee on all credit cards transactions.			
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Expiration Date:/ CVC Code:Daytime Phone:	_		

AFFIDAVIT FOR DUPLICATE CERTIFICATE

ARHA 2024

INSTRUCTIONS

- 1. Affidavit must be competed by owner on ARHA records. Must be a current member.
- 2. Two full color photographs (one profile of each side) are required in all instances. Photos are not returnable.
- 3. Remit \$30.00 fee with affidavit and required paper work. Rush fees not included. All fees are non-refundable or transferable.
- 4. A duplicate certificate may not be issued if the original certificate is still in existence. If the original is found at a later date, the duplicate certificate must be returned to ARHA with an explanation.
- 5. Form must be notarized.
- 6. You must include a copy of the horse's breed registration papers.
- 7. ARHA retains the right to require additional information and/or photographs before issuing a duplicate certificate.
- 8. If a change of ownership needs to be made, include a properly completed transfer report, membership application with appropriate fees.

The undersigned requests issuance of a duplicate Certificate Of Eligibility (registration) in consideration thereof agrees for

9. Certificate will be mailed to the recorded owner of horse.

themselves and their transferees that same shall the event of any dispute raised by the former or of ARHA and any alterations of information, signatu within the applicable time limits will render the ce staples. Punched, or otherwise altered becomes a	current registered owner(s) or their transferees. ures, numbers, etc, or failure to complete any transfirition of the complete any transfirition of the complete and the complet	The certificate is the property of ansfers, and/or reclassifications on, mutilated, damaged, soiled,
Registered Name Of Horse:	Se's breed association papers) ARHA #: (Leave blank if unknown)	
(Must include a copy of h	orse's breed association papers)	(Leave blank if unknown)
Signature(s) of the owner(s) of horse indicated above:		
Printed name(s) and address of the above owner(s):		
Date of Signatures above:	ARHA Membership ID #	<u>t</u> .
Sate of digitatore above.		
Day Phone:	Email:	
NOTARY PUBLIC Sworn to before me this My Commission expires:	STAMP OR S	
State Of: County of:		
This form must be notarized and complete	ed in its entirety.	