

For Overnight Delivery
1600 Quarter Horse Drive
Amarillo, Texas 79104
(806)376-4811



Mailing Address
P.O. Box 200
Amarillo, Texas 79168
(806)376-4811

AFFIDAVIT FOR CORRECTED CERTIFICATE

INSTRUCTIONS
★PLEASE READ CAREFULLY★
A delay in processing will result if information omitted.

☐ SPECIAL HANDLING
(SEE FEE SCHEDULE BELOW)

- 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 photographs (front, back, and both sides) are required in all instances. Not returnable.**
- 4. Remit appropriate fee with affidavit.
- 5. AQHA retains the right to require additional information and/or photographs before issuing a corrected certificate.
- 6. Form *must* be notarized.
- 7. If a change in ownership needs to be made, include a properly completed transfer report with appropriate fees.
(Buyer cannot sign the correction affidavit as owner.)

☛ Please regard this affidavit as a request for issuance of a corrected certificate for:

Horse’s Name _____ Registration Number _____

To be completed by Owner on AQHA’s records.

I, _____, being first duly sworn, as the last 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.

Sworn to before me this _____ day of _____, _____
Signature of Record Owner. Authorized agent is acceptable only if authorization is recorded in AQHA office.

Notary Public _____
Address _____ City _____ State _____

My Commission Expires _____
AQHA ID Number _____ (_____) _____
Daytime Telephone Number _____

E-mail Address _____

✦ **FOUR FULL-VIEW COLOR PHOTOGRAPHS (front, back, and both sides) ARE REQUIRED** ✦
◇ **Not Returnable** ◇

Mail Certificate to: _____	_____	_____
Name	Daytime Telephone Number	AQHA ID Number
_____	_____	_____
Address	City	State
_____	_____	Zip Code

⬅ **IMPORTANT** ➡

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

FEES
SUBJECT TO CHANGE WITHOUT NOTICE
U.S. Funds Only

☐ Correction Fee \$10

☐ **OPTIONAL Special Handling Fee For Two-day Service**
(This fee is in addition to the regular correction fee). \$30

☐ **OPTIONAL Overnight Mail Service** \$15
(Is available for those who have requested special handling above. This fee is only applicable for service within the United States and does not include Saturday delivery charges. For those interested in service outside the United States and/or Saturday services, please contact our office for the correct fee.)

DO NOT SEND CASH

If paying by Visa or MasterCard, please provide the following:

____ / ____ / ____

Expiration Date ____ / ____ Daytime Telephone Number _____

Cardholder’s Name _____ Cardholder’s Signature _____

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