

# Request for Corrected Certificate



## American Paint Horse Association

Mailing Address: P.O. Box 961023 • Fort Worth, Texas 76161  
 Physical Address: 2800 Meacham Blvd. • Fort Worth, Texas 76137  
 (817) 834-APHA (2742) • Fax (817) 834-3152  
 www.apha.com • askapha@apha.com

### 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, RG-155 and RG-160. 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

- ◆ **Registry update**— As of January 1, 2006, previously registered Breeding Stock horses with one Paint parent will be placed in the Solid Paint-Bred registry. A new certificate can be obtained with the updated designation.
- ◆ **Picture replacement**— A new certificate with an updated photo of the horse.
- ◆ **Registry 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. If the horse is approved for the Regular Registry, an additional registration fee will be charged in addition to the registry change fee. Contact Customer Service at 817-222-6423 or e-mail [askapha@apha.com](mailto:askapha@apha.com) for details on photo requirements and fees.

#### 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. Digital and instant print photographs are not recommended.
- ◆ **Brand**. Please include a diagram of the brand in the space provided. If the horse has been freeze-branded, a photograph of the brand on the horse must also be included with your request.
- ◆ **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.

### 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 Customer Service at 817-222-6423 or e-mail [askapha@apha.com](mailto:askapha@apha.com).
- ◆ Office processing fee of \$10 will be charged on all registration work that is not processed to completion.
- ◆ Fees subject to change without notice.

### Online Access

- ◆ My APHA (free to APHA members). Includes online stallion breeding reports and foal registrations.
- ◆ APHA Basic-\$25 per year. Includes pedigrees, performance records, progeny records and show results.
- ◆ APHA Plus-\$14.95 per month; \$99 per year. Includes "My Barns", Color Calculator, show records and extras.

Registered Name of Horse: \_\_\_\_\_

APHA Registration Number: \_\_\_\_\_

Please issue an updated certificate for the following:

- Registry Update**
- Picture Replacement**
- Registry Change** Contact Customer Service at (817) 222-6423 for details on photo requirements and fees.

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 include information here: \_\_\_\_\_  
 \_\_\_\_\_

Diagram of brand

Owner's name: \_\_\_\_\_

Owner's APHA I.D. No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Owner of Record: **X**

Fees	US Funds Only	Member Rate
<input type="checkbox"/> Corrected Certificate		\$25
<input type="checkbox"/> Registry Change		\$40
<input type="checkbox"/> Rush Service requires an additional		\$25

#### Membership Levels

Adult	Junior (18 or younger)
<input type="checkbox"/> One-year—\$40	<input type="checkbox"/> One-year—\$20
<input type="checkbox"/> Three-year—\$90	<input type="checkbox"/> Three-year—\$40
<input type="checkbox"/> Five-year—\$150	<input type="checkbox"/> J-Term—\$100
<input type="checkbox"/> Lifetime—\$500	Birthdate: ____/____/____

#### Additional Product Packages:

- Premium**—\$45 (save \$20), **US ONLY**. One year subscription to the *Paint Horse Journal*(\$30 value), four generation, frameable, pedigree certificate(\$20 value), \$15 gift certificate to the APHA General Store
- Deluxe**—\$15 (save \$5) Four generation frameable, pedigree certificate (\$20 value)

### Total Amount Due

Correction Fee: \$ \_\_\_\_\_  
 Rush Fee: \$ \_\_\_\_\_  
 Online Access Service: \$ \_\_\_\_\_  
 Membership Dues: \$ \_\_\_\_\_  
 Product Package: \$ \_\_\_\_\_  
**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**