American Trakehner Association

Application for Duplicate Certificate of Registration

Instructions: Please read carefully.

- 1. Complete the following information (*=Required) and print this form
- 2. Part 1 must be completed by owner on ATA records
- 3. Part 2 is completed if certificate was lost by someone other than owner on ATA records
- 4. DNA is Required
- 5. Remit fee: \$100.00 (call the ATA with a credit card # or mail with check/credit card information to the ATA) along with \$60 for a DNA kit
- 6. If a change in ownership needs to be processed, include a properly completed transfer report with fee of \$30.00

Registered Name of	Horse*:	Registration No	D*:	
Part 1: To be compl	eted in ALL INSTANCES by record	ed owner:		
	nce marked below describes the se identified in this affidavit.			
☐ I lost the certificate ☐ I never received th ☐ I mailed or deliver	ne certificate from the ATA			
			<u> </u>	
	n auction company, please list the dat		<u></u>	
☐ Other (explain)				
Sworn to before me on this: day of		Signature of Recorded Owner Address		
wy commission expir		City	State Zip	
Owner's Phone		Email address	·	
Mail Certificate to:	Nama		<u></u>	
	Name		<u></u>	
	Address			
	City	State Zip	_	
	Daytime Phone	Email	_	
Enclosures:	os □ Owner Transfer Form □ Bill	s of sale, unbroken chain of	ownership	

Part 2: To be completed IN ADDITION to Part 1 if the certif	ficate was not lost by re	corded own	er:			
I,*, hereb	, hereby affirm that the sentence marked below describes the					
circumstances surrounding the loss or destruction of the	certificate for the horse	e identified	in this affidavit.			
One of the boxes below must be marked in order for us to pro ☐ I lost the certificate ☐ I never received the certificate from the ATA ☐ I mailed or delivered the certificate to:	ceed*:					
NAME:						
ADDRESS:		<u> </u>				
If given to an auction company, please list the date of						
☐ Other (explain)						
ATA. Sworn to before me on this: day of,	Signature of Person Re	questing Ce	rtificate (not recorded owner)			
	Address					
My commission expires	City	State	Zip			
Owner's Phone	Email address					
Please select one of the following payment methods: ☐ Invoice me ☐ I will call ATA with my credit card information	on □ Check will be maile	ed to ATA				