

## 2025 TRANSFER REPORT / AFFIDAVIT

Affidavit in support of reissuance and transfer of NRHA Competition License

FOR OFFICE USE ONLY

Horse Name			NRHA Lice	nse Number	
Buyer (New Owner	)		NRHA Mem	ber Number	
Co-Buyer (New Owner)			NRHA Member Number		
signature(s) below, I/w I/we further swear t horse has never been I/we further swear tl the lawful owner(s) an	ner of the above-mentioned hors be hereby swear that the original c hat I/we am/are a current membe known or shown by any other nan hat I/we am/are able, if requested, d that I/we am/are in compliance we indemnify, hold harmless or rein th this affidavit.	competition license has been lost er(s) of the NRHA in good stand ne or under any other competitio , to provide documentation as to with the rules of the NRHA in cor	misplaced or otherwise uning. To the best of my/our in license number. my/our purchase of the aborection with ownership.	available. knowledge, information ove stated horse and that	or belief, this
Buyer's S	gnature [	Date Co-Buy	er's Signature	Date	
Please check <b>one</b>	of the following that best o	lescribes the circumstance	es surrounding this ap	olication.	
competition. W	s horse but was unable to obtai ith a signature below, the co receipt of all required transf	urrent owner authorizes NI			
Signature of S	Seller (Current owner on NF	RHA records):		Date:	
	s horse and applied for a com erson who had been a previou				s previously
	purchased this horse and have submitted the original competition license to NRHA; however, I am unable to obtain the signature of the owner currently listed.				
☐ I purchased this	s horse and mailed the origina	I license to NRHA, however,	it was never received an	d otherwise lost in the	mail.
b. Cas c. Rela			·	ntation if horse is insu	
FEES	Affidavit to reissue and trans		cessing fee	= \$80	
OPTIONAL SERVICES		0 ☐ Same-Day Rush = \$60 ense (Digital licenses are ava			
☐ Check or money	order (in U.S. funds) □ Visa	☐ Discover ☐ MasterCar	d □ AmEx <b>TOTAL</b>	PAYMENT =	
Card #		Expiration Dat	e (MM//YY)	CSV#	
Cardholder Name	Please print)	Cardholder Si	gnature	Date	
	MAIL: NRHA; 3021 W. Reno Ave	enue, Oklahoma City, Oklahoma 731	07 ~ EMAIL: memberships@	Dnrha.com	
		FOR OFFICE USE ON	LY		Rev. 10/2024
Date Received:	C	K #: AMT:	Invoice	:	<del></del>