



**AFFIDAVIT IN SUPPORT OF REQUEST TO  
ISSUE A DUPLICATE COMPETITION LICENSE**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
**Horse Name** **NRHA License Number**

\_\_\_\_\_  
**Owner** **NRHA Member Number**

\_\_\_\_\_  
**Co-Owner** **NRHA Member Number**

**Please check one:**

- I applied for a competition license, received the original license, but it has become lost or misplaced.
- I applied for a competition license, NRHA mailed the original license, but I have never received the original.

I/we am/are the owner of the above-mentioned horse with the previously issued NRHA competition license number also stated above. By my/our signature(s) below, I/we hereby swear that the original competition license has been lost, misplaced or otherwise unavailable.

I/we further swear that I/we am/are a current member(s) of the NRHA in good standing. To the best of my/our knowledge, information or belief, this horse has never been known or shown by any other name or under any other competition license number.

I/we further swear that I/we am/are able, if requested, to provide documentation as to my/our purchase of the above stated horse and that I/we am/are the lawful owner(s) and that I/we am/are in compliance with the rules of the NRHA in connection with ownership.

I/we further agree to indemnify, hold harmless or reimburse NRHA for any costs, lawsuits, judgments or awards arising out of any false statements made in connection with this affidavit.

\_\_\_\_\_  
**Owner's Signature** **Date**

\_\_\_\_\_  
**Co-Owner's Signature** **Date**

**FEES**  Affidavit for Duplicate License - \$40

**RUSH SERVICES**  3-Day Rush - \$40  Same-Day Rush - \$60 *Email confirmation to:* \_\_\_\_\_

**PAYMENT**  Check or money order (in U.S. funds)  Visa  Discover  MasterCard  American Express

\_\_\_\_\_  
**Card #** **Expiration Date (MM/YY)** **CSV #**

\_\_\_\_\_  
**Cardholder Name** (Please print) **Cardholder Signature** **Date**

MAIL: NRHA; 3021 W. Reno Avenue, Oklahoma City, Oklahoma 73107 ~ FAX: 405-946-8425 ~ EMAIL: memberships@nrha.com

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Date Received: _____	CK #: _____	AMT: _____	Invoice: _____	