

KWPN-NA Application for Duplicate Papers



A. The horse:

1. Registered Name: _____
2. Registration Number: _____ Date of Birth: _____
3. Sex: mare stallion gelding
5. Parentage: Sire: _____ Reg. Number: _____
Dam: _____ Reg. Number: _____
4. Color: _____
5. Markings _____

6. Breeder: _____
7. Last Owner of Record: _____

B. Applicants:

1. Name: _____
Address: _____
2. Do you own the horse at the present time? _____ Are you the owner of record with the KWPN-NA? _____
****If the answer is no, please be sure to print off a Transfer of Ownership form and send in with this form as duplicates cannot be issued until it is completed****
3. Where and by what cause was the original registration certificate lost? _____

To be included with the application:

- **3 color photos** of the horse. Be sure all markings and feet are clearly visible. If there are unique markings, please include close-ups. Photos can be sent in hard copy with this form or emailed.
- **Hair for DNA testing OR Microchip Number.** Pull (NOT CUT) 50-60 mane or tail hairs by wrapping hairs around forefinger. Grasp hair close to horse's body and pull straight toward your body. Check that roots are attached. DO NOT TOUCH ROOT BULBS. Tape the hair to a folded sheet of paper that includes the name and registration number of the horse. If the horse has a microchip, you may get a vet's letter stating the microchip number and send it in with this form. If the number matches what is in the KWPN system, you may forego the DNA testing.
- Bills of Sale going back to the owner listed on the papers if the applicant is not the Owner of Record.

Duplicate fees (include DNA typing of the horse).

- For horses on file with the KWPN-NA: **\$200.00** (including DNA typing);
- For horses NOT on file with the KWPN-NA: **\$300.00** (including DNA typing). Duplicate KWPN passport is \$50 additional.
- Applicant must be a full KWPN-NA member (\$85.00). A \$25 transfer fee is due if the applicant is not the owner of record.

Payment information (if you do not wish to pay via credit card, please include a check):

Credit Card Number: _____ Expiration: _____

Name on the card: _____

If you are not a current KWPN-NA member, the \$85 membership fee will be automatically charged.

If the original registration paper is found, the duplicate may be returned to the KWPN-NA office for a \$25 rebate.

I swear that the above facts are true to the best of my knowledge:

_____ Signature of Applicant	_____ Signature of Witness	_____ Date
_____ Name of Applicant	_____ Name of Witness	_____ Date

KWPN of North America, KWPN-NA
4037 Iron Works Parkway, Ste 140
Lexington, KY 40511
Phone: 859-225-5331 • Fax: 859-554-0366 • E-mail: drew@kwpn-na.org