



**2025 AFFIDAVIT IN SUPPORT OF REQUEST TO  
ISSUE A DUPLICATE COMPETITION LICENSE**

FOR OFFICE USE ONLY

Digital licenses are available for free via your NRHA ReinerSuite account

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 (Reprint) - \$15**  
*Fees include a \$10 processing fee. Complete at nrha.com to save on this fee.*

**OPTIONAL 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 ~ EMAIL: memberships@nrha.com

<b>FOR OFFICE USE ONLY</b>		<small>Rev. 10/2024</small>
Date Received: _____	CK #: _____	AMT: _____ Invoice: _____