



# Replacement of Lost "Certificate of Registration" Application Form

Office use ONLY

EA #

EA Name

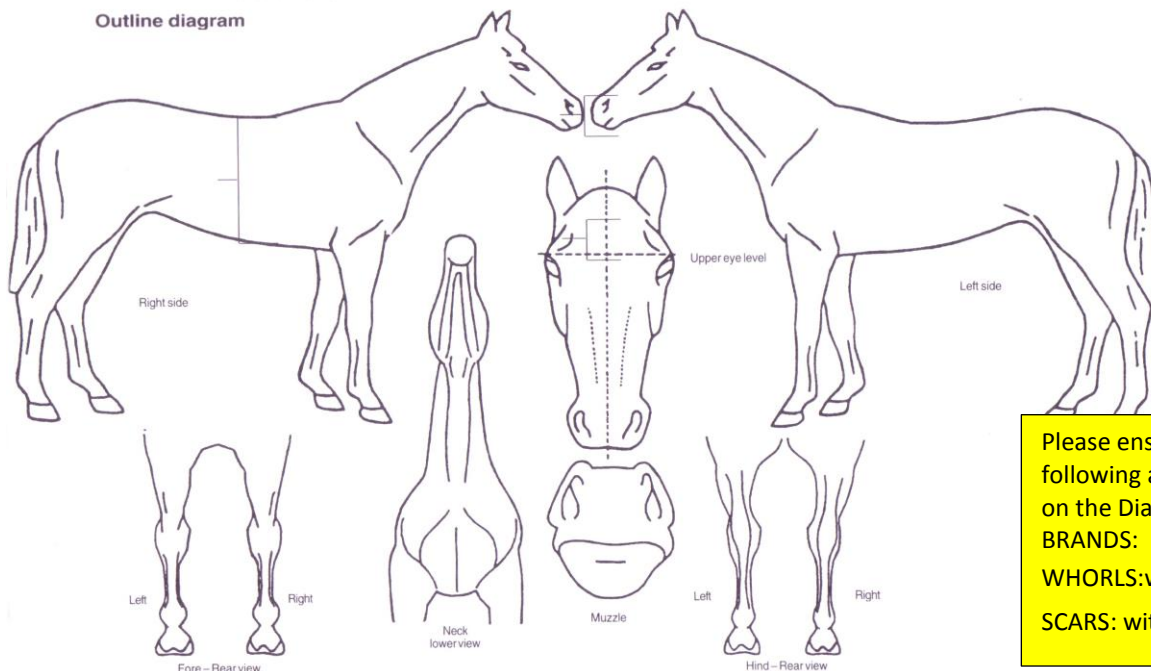
Please refer to your respective State for conditions, requirements and pricing for horse registration.

<b>Current EA Horse Reg No.</b>	<b>Current EA Horse Name:</b>
<b>Current registered EA Member No.</b>	<b>Current EA Member Name:</b>

New PRIMARY Owner Details	
EA Number	Category
Name	
Address (if Changed)	
Email	

Horse Details (required fields)		Colour :	Breed:	Mare / Gelding / Stallion	Foal Date: Must include YEAR	Height:
<b>White MARKINGS</b>	Head	<b>BREEDING</b>		Sire		
	Near Fore			Dam		
	Off Fore			Sire of Dam		
	Near Hind			Breeders Name		
	Off Hind			Use label if available.		
<b>Other marks</b>	Inc Whorls & Scars	<b>Microchip No:</b>	No 1;			
			No 2:			

Outline diagram



Please ensure the following are marked on the Diagram  
**BRANDS:**  
**WHORLS:** with an **O**  
**SCARS:** with an **X**

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# STATUTORY DECLARATION

I, (full name) \_\_\_\_\_ EA Membership No: \_\_\_\_\_,  
 the bona fide owner of the horse listed on page 1, (To be signed by a Parent or Guardian for Junior members).  
 Of (address) \_\_\_\_\_  
 (occupation) \_\_\_\_\_ do solemnly and sincerely declare that:  
 (please tick the appropriate box/es below – See separate PDF file for applicable fees payable)

**INCORRECT HORSE MARKINGS/ BRANDS (\$ \_\_\_\_\_)**  
 I am the original owner of the horse. The markings on the original horse registration application were drawn incorrectly by myself. I have altered the markings/ brands on this form as they should appear on the horse.

**DUPLICATE CERTIFICATE (\$ \_\_\_\_\_)**  
 I am the current EA owner of the horse named and described above, the Certificate of Registration has been lost/destroyed and I would like to apply for a Duplicate copy.

**TRANSFER HORSE OWNERSHIP (\$ \_\_\_\_\_)** I am the new owner of the horse, the Certificate of Registration has been lost/destroyed and I would like to apply to transfer the horse and receive a Duplicate Certificate.

I hereby declare that the information provided in this statement is true and correct and I acknowledge that a false or misleading Statement may render me liable for disciplinary action at the discretion of Equestrian Australia.  
 Place your initials in the box beside State or Territory in which Statutory Declaration is being made.

N.S.W. - And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

VIC. - And I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

QLD.- And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867

SA- And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936

WA- And I make this solemn declaration by virtue of section 106 of the Evidence Act 1906.

TAS- I make this solemn declaration under the Oaths Act 2001.

NT - And I make this solemn declaration by virtue of the Oaths Act and conscientiously believing the statements contained in this declaration to be true in every particular. NOTE: A person wilfully making a false statement in a declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both

C TH/ACT And I make this solemn declaration by virtue of the Statutory Declarations Act 1959 Statutory Declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at \_\_\_\_\_ in the State/Territory of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

x \_\_\_\_\_ Signature of person making this declaration [to be signed in front of an authorised witness]

Before me x \_\_\_\_\_ Signature of authorised witness/person before whom the declaration is made

Name of Witness/person: \_\_\_\_\_ Before whom the declaration is made

Address: \_\_\_\_\_ PC \_\_\_\_\_

Title or Qualification of Witness/person: \_\_\_\_\_ Before whom the declaration is made.

**Payment** (please refer to state specific fee structures for the appropriate fee)

Credit Card payments are not accepted by the Tasmanian Office – Please call the office for Bank Details.

Replacement Certificate	\$	Competition Licence/s: Please indicate: DR EV SH SJ	\$	<b>Total Fee \$</b>
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