

**REQUEST FOR A DUPLICATE EQUINE REGISTRATION CERTIFICATE / PASSPORT (RVO)**

Request for a:

- Duplicate registration certificate
- Duplicate passport

Transponder Number of the horse:.....

Registered Party Information(#) (registered party/agent)

Last name:.....  
 Initial(s) of first name:  
 Address:  
 Postal/Zip Code and City:  
 Phone number:  
 Email:  
 Membership number (if applicable):

Equine Information

Equine \*is / is not registered (\* Please draw a line through the information that does not apply).

Yes, registration number:

Species Type (for example, horse, pony, donkey, zebra, or other):

Name:.....

Date of Birth:

Registration Number:

Sex: Stallion / Mare / Gelding

Are the equine's color and markings the same as those listed on the registration certificate / passport?

**In case of a duplicate PASSPORT the description is needed and also the outline diagram**

- Yes
- No (Please complete the correct description below.)
- 

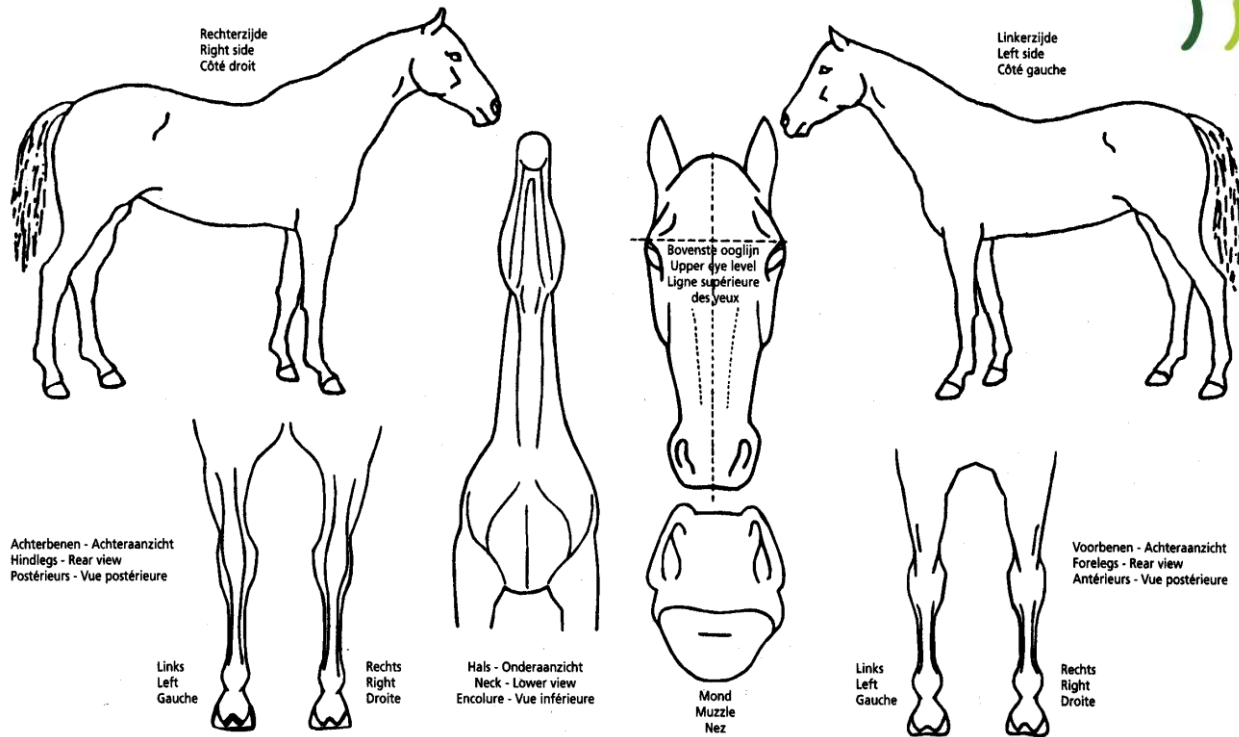
Description

Color:
Head:
RF
LF:
LH:
RH:
Markings:



# SCHETS

## OUTLINE DIAGRAM / SIGNALEMENT GRAPHIQUE



### HOOFDSTUK XI: ZWILWRATTEN

Schets van zwilwratten voor paarden die geen aftekeningen en minder dan drie haarwervels hebben.

#### CHESTNUTS

The outline of each chestnut to be drawn in the appropriate square for all horses without markings and with less than three whorls.

#### CHATAIGNES

Dessinez le contour des châtaignes dans le carré correspondant; à ne remplir que pour les chevaux sans marques et avec moins de trois épis.

#### KASTANIEN

Bei Pferden ohne Abzeigen und weniger als drei Haarwirbel muß der Platz der Kastanien genau beschrieben werden.

Rechter voorbeen/Right foreleg/Antérieur droit/Rechtes Vorderbein	Rechter achterbeen/Right hindleg/Postérieur droit/Rechtes Hinterbein
Linker voorbeen/Left foreleg/Antérieur gauche/Linkes Vorderbein	Linker achterbeen/Left hindleg/Postérieur gauche/Linkes Hinterbein

Name of veterinar:.....

Date:.....

Signature:.....

Stamp:

# Questionnaire



1. Are you the registered party of the equine?
  - Yes. (Please submit copies of documents showing that you are the registered party. If such documents are not available, please submit a signed affidavit stating that you are the owner of the equine in question and provide the date you became the owner.)
  - No, but I am the agent of the equine. (Please submit an affidavit from the owner of the equine consenting to your request for a registration certificate /duplicate passport for that equine.)
  - No, I am neither the registered party nor the agent.
  
2. Has anyone (for example, the former owner) disputed your lawful ownership or agency of the horse?
  - If yes, then state the name of this person(s).
  - No
  
3. If you purchased the equine, did the animal have a registration certificate /passport on the day of the sale?
  - Yes. (Please submit an affidavit by the former owner confirming your receipt of registration certificate /passport upon transfer of ownership of the equine in question.)
  - No
  
4. On what day was the registration certificate / passport lost?
  
5. How was the registration certificate / passport lost? (If possible, support with documentation.)
  - Theft
  - Fire
  - Other (explain):
  
6. Did you report the registration certificate / passport missing?
  - Yes (Please submit a copy of the report.)
  - No
  
7. Do you know definitively or have an idea where the registration certificate / passport may be?
  - Yes (Provide location or other information.)
  - No
  
8. Did you have prior possession of the original registration certificate / equine passport?  
(Complete the below table, if possible.):
  - € 192,95 - duplicate passport (members)
  - €192,95 + €29,00 duplicate passport. (not-members)
  - € 89,90 duplicate registration certificate) (members)
  - €89,90 + €29,005 duplicate registration certificate) (not-members)

Original document	Received at purchase.	Lost at a later date.	*Please draw a line through the information that does not apply.
Registration Certificate	Yes / no*	Yes / no*	
Horse Passport	Yes / no*	Yes / no*	

Name of applicant: .....

Applicant's signature: .....

Date: .....

Send by post or mail this completed form to:  
 NNFP, P.O. Box 190, 8430 AD Oosterwolde, Netherlands / nnfps@groened.nl