



**BOAT REGISTRATION/TITLE APPLICATION**

**PLEASE PRINT WITH BLUE OR BLACK INK**

<b>FOR OFFICE USE ONLY</b>			
Batch File No. _____			
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Activity	<input type="checkbox"/> Duplicate

<b>OFFICE USE ONLY</b>	Reg. No. _____	3 of Name _____	Sticker _____	SPECIAL CONDITIONS: <b>NF</b> <b>OV</b> <b>PA</b> <b>SV</b> <b>XR</b>				
	Sales Tax Information _____	Status _____	Value (\$) _____	Jurisdiction _____	Rate _____	Out of State _____	Audit _____	

<b>DEALER ONLY</b>	<b>TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT DEALER</b>						
	<p>IF A TEMPORARY REGISTRATION WAS ISSUED: If you assigned a registration number to this boat, place the registration number sticker over this box. If the boat already has a valid New York registration number, enter the information below.</p>				<p>LIENHOLDER INFORMATION - <i>If none, enter "NONE". If more than one, also use space on page 2.</i></p>		
	Registration Number _____	Date Temp. Reg. Issued _____	Lienholder Number _____		Lienholder Name _____		
	Dealer Name _____	Dealer Facility Number _____	Mailing Address - Number and Street _____		City _____ State _____ Zip Code _____		

**INSTRUCTIONS** → COMPLETE BOXES **1** **2** **3** **4** and **7**. COMPLETE BOXES **5** AND **6** ONLY IF NECESSARY. PLEASE PRINT CLEARLY.

**1**  REGISTER this boat for the first time  REPLACE registration:  DOCUMENT/  STICKER  CHANGE registration (see page 2)  
 RENEW a registration  TITLE ONLY a 1987 or newer boat that is 14 feet or longer  CHANGE title (see page 2)

**2**

ID NO. (from Driver License) _____	NAME OF REGISTRANT (Last, First, Middle) _____	NAME CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (see page 2)	DATE OF BIRTH Month _____ Day _____ Year _____
ADDRESS WHERE YOU GET YOUR MAIL — (Include Street Number and Name, Rural Delivery and/or box number) _____		Is this registration for a corporation or a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX M <input type="checkbox"/> F <input type="checkbox"/>
CITY OR TOWN _____		ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DAY PHONE NO. (Optional) Area Code ( ) _____
STATE _____		ZIP CODE _____	COUNTY _____
ADDRESS WHERE YOU LIVE — IF DIFFERENT FROM MAILING ADDRESS — DO NOT GIVE PO BOX _____			COUNTY _____

**3**

Different Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	HULL IDENTIFICATION NUMBER _____	YEAR _____	MAKE _____	LENGTH Feet _____ Inches _____	FUEL <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
TYPE OF BOAT <input type="checkbox"/> OPEN <input type="checkbox"/> CABIN <input type="checkbox"/> HOUSE <input type="checkbox"/> OTHER _____	HULL MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC <input type="checkbox"/> INFLATABLE <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER	PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> IN BOARD <input type="checkbox"/> I/O (IN/OUTBOARD) <input type="checkbox"/> SAIL <input type="checkbox"/> OTHER	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> LEASED <input type="checkbox"/> RENTAL COMMERCIAL PASSENGER: <input type="checkbox"/> UNDER 6 <input type="checkbox"/> 6 OR MORE <input type="checkbox"/> DEALER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FISHING - COMM.	COUNTY OF PRIMARY USE _____	

OFFICE USE	Prior Owner _____	Old Owner _____	Title _____	Lien _____	Lien Number _____
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**4**

Does this boat now have a NY REGISTRATION No.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", enter NY Registration No. _____
HOW WAS BOAT OBTAINED? <input type="checkbox"/> New <input type="checkbox"/> Leased New <input type="checkbox"/> Used <input type="checkbox"/> Leased Used	Is this boat now DOCUMENTED by you (see page 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", enter Document No. _____	

OFFICE USE	Proof Submitted (Name and Ownership) _____	Stop/Response _____	Operator Signature _____
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**5 CHANGES** (To change information on your **current** boat registration and/or title.)

For a change of **name**, print your former name exactly as it appears on your present registration.

For all changes **other** than name, explain what the change is, and the reason for the change.

**6 DOCUMENTED BOATS** – Please complete the following information if you have a marine document for this boat, or if you have applied for one.

Name of Boat \_\_\_\_\_

Hailing Port \_\_\_\_\_

**7 REGISTRANT CERTIFICATION:** I certify that the registration information presented is true, and that the registration is not currently under suspension or revocation in any jurisdiction. *If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.*

Print Name Here ▶ \_\_\_\_\_ Sign Here ▶ \_\_\_\_\_  
(Print Name in Full - if registering for a corporation, print your full name and title) (Sign Name in Full)

Additional Signature  
**SIGN HERE** ▶ \_\_\_\_\_  
(Sign Name in Full -Additional signature required for a partnership or if registering this boat in more than one name.)

**IMPORTANT:** Making a false statement in any registration application, or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The department makes no representation that it will issue a certificate of title until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the boat is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the boat referenced in this application.

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_  
to use my credit card for payment of any fees in connection with this application.

Sign Here ▶ \_\_\_\_\_  
(Cardholder-Sign Name in Full)

**TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT DEALER**

**ADDITIONAL LIENHOLDERS - List any lienholders in addition to the one specified on page 1 of this form.**

List any lienholders in addition to the one specified on page 1 of this form.

Lienholder Number \_\_\_\_\_ Lienholder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street City State Zip Code

Lienholder Number \_\_\_\_\_ Lienholder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street City State Zip Code

**DEALER TRANSFER INFORMATION** – Please complete the information below. For new boats, attach a Manufacturer's Statement or Certificate of Origin (MSO or MCO) and a bill of sale. For used boats, attach a signed title or transferable registration, along with bills of sale for any subsequent transactions.

Boat was obtained from \_\_\_\_\_  
Name and Address Date of Purchase

Boat was sold by \_\_\_\_\_  
Name and Address of your dealership Facility No. Date of Sale

**DEALER CERTIFICATION:**

I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Department of Motor Vehicles.

▶ \_\_\_\_\_  
Signature of Dealer or Authorized Representative