



# BOAT REGISTRATION/TITLE APPLICATION

PLEASE PRINT WITH BLUE OR BLACK INK

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

OFFICE USE ONLY	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	

DEALER ONLY	
TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT DEALER	
<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>Registration Number _____ Date Temp. Reg. Issued _____</p> <p>Dealer Name _____ Dealer Facility Number _____</p>	<p><b>Alterations are not allowed in the lienholder sections.</b></p> <p>LIENHOLDER INFORMATION - If none, enter "NONE". If more than one, also use space on page 2.</p> <p>Lien Filing Code (Assigned by DMV) _____</p> <p>Lienholder Name _____</p> <p>Mailing Address - Number and Street _____</p> <p>City _____ State _____ Zip Code _____</p>

## INSTRUCTIONS → COMPLETE BOXES 1 2 4 5 and 7 . COMPLETE BOXES 3 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** CLIENT ID NO. (from Driver License) \_\_\_\_\_ NAME OF REGISTRANT (Last, First, Middle) \_\_\_\_\_

NAME CHANGE?  YES  NO (see page 2)    DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Is this registration for a corporation or a partnership?  Yes  No    SEX: M  F

ADDRESS WHERE YOU GET YOUR MAIL — (Include Street Number and Name, Rural Delivery and/or box number) \_\_\_\_\_ DAY PHONE NO. (Optional) \_\_\_\_\_

ADDRESS CHANGE?  YES  NO    Area Code \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS WHERE YOU LIVE — IF DIFFERENT FROM MAILING ADDRESS — DO NOT GIVE PO BOX \_\_\_\_\_ COUNTY \_\_\_\_\_

**3** OWNER CLIENT ID NO. (from Driver License) \_\_\_\_\_

*A different owner is only allowed if the boat is leased. IF YOU ARE NOT THE OWNER of this boat, the owner must complete this section. Proof of ownership, proof of owner's name and date of birth and copy of the leasing agreement are required. NOTE - You do not have to fill in this section if you attach a completed Registration Authorization (MV-95), or if you are renewing the boat, and the owner is the same.*

NAME OF CURRENT OWNER (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ OWNER'S DAY PHONE NO. (Optional) \_\_\_\_\_

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number) \_\_\_\_\_

\_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

AUTHORIZATION: The registrant named in box 2 is authorized to register the boat described in box 4.

\_\_\_\_\_  
(Owner's/Authorized Signature-Co-owner's Signature if applicable) \_\_\_\_\_ (Date)

**4** HULL IDENTIFICATION NUMBER \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ LENGTH: Feet \_\_\_\_\_ Inches \_\_\_\_\_

FUEL:  GAS  DIESEL  ELECTRIC  OTHER  NONE

TYPE OF BOAT:  OPEN  CABIN  HOUSE  OTHER \_\_\_\_\_

HULL MATERIAL:  WOOD  PLASTIC  FIBERGLASS  ALUMINUM  STEEL  INFLATABLE  OTHER \_\_\_\_\_

PROPULSION:  OUTBOARD  IN BOARD  I/O (IN/OUTBOARD)  SAIL  OTHER \_\_\_\_\_

USE:  PLEASURE  MANUFACTURER  GOVERNMENT  LEASED  RENTAL  DEALER  COMMERCIAL  FISHING - COMM.  UNDER 6  6 OR MORE

COUNTY OF PRIMARY USE \_\_\_\_\_

**5** HOW WAS BOAT OBTAINED?

New  Used  Leased New  Leased Used

Does this boat now have a NY REGISTRATION No.?  Yes  No    If "YES", enter NY Registration No. \_\_\_\_\_

If Leased, MUST ATTACH copy of Leasing Agreement

Is this boat now DOCUMENTED by you?  Yes  No    If "YES", enter Document No. \_\_\_\_\_

If NO, are you in the process of Documenting Boat?  Yes  No

OFFICE USE ONLY	Prior Owner	Old Owner	Title	Lien	Lien Number				
	Proof Submitted (Name and Ownership)		Stop/Response		Operator Signature				

**6 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.

\_\_\_\_\_

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

**Sign Here** ▶ \_\_\_\_\_  
(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)

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

Lien Filing Code \_\_\_\_\_ Lienholder Name \_\_\_\_\_  
(Assigned by DMV)

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

Lien Filing Code \_\_\_\_\_ Lienholder Name \_\_\_\_\_  
(Assigned by DMV)

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

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