



New York State Department of Motor Vehicles BOAT REGISTRATION/TITLE APPLICATION

(This form is also available on DMV's web site - www.dmv.ny.gov)

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: NF OV PA SV XR				
	Sales Tax Information _____	Status _____	Value (\$) _____	Jurisdiction _____	Rate _____	Out of State _____	Audit _____	

NY DEALER ONLY	TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT DEALER						
	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.						
	Registration Number: _____	Date Temp. Reg. Issued: _____					
	Dealer Name: _____	Dealer Facility Number: _____					

INSTRUCTIONS → Print clearly in blue or black ink

COMPLETE 1 2 4 5 and 7. WHEN 3 AND 6 APPLY, COMPLETE THOSE SECTIONS.

1 MARK THE BOX OF THE TYPE OF SERVICE YOU NEED. (For more information, refer to form MV-82.1B "Registering/Titling a Boat in New York State".)

Get a **FIRST REGISTRATION** for a boat
 REPLACE the registration [*mark one or both* DOCUMENT STICKER]
 RENEW a registration
 CHANGE the current registration (refer to **6**)
 Get a **TITLE ONLY** for a 1987 or newer motorized boat that is 14 or more feet long
 CHANGE the title (refer to **6**)

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle) _____

NYS driver license number of PRIMARY _____

SEX M F **DATE OF BIRTH** _____

NAME OF CO-REGISTRANT (Last, First, Middle) _____

NYS driver license number of CO-REGISTRANT _____

SEX M F **DATE OF BIRTH** _____

DAY TELEPHONE (Optional) Area Code () _____

NAME CHANGE? YES (refer to **5**) NO **ADDRESS CHANGE?** YES NO

Is this registration for a corporation or partnership? Yes No How did you get the vehicle? (mark one) New Leased New Used Leased Used

THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)

_____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ County of Residence _____

THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS (DO NOT GIVE A P.O. BOX.)

_____ Apt. No. _____ City or Town _____ State _____ Zip Code _____

3 NYS DRIVER LICENSE NUMBER OF OWNER _____

NAME OF CURRENT OWNER (Last, First, Middle) _____

DATE OF BIRTH _____

DAY TELEPHONE NUMBER OF OWNER (Optional) Area Code () _____

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

_____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ County _____

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

(Signature of owner or authorized person, and signature of co-owner)

(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 COMMERCIAL PASSENGER: UNDER 6 6 OR MORE DEALER COMMERCIAL FISHING - COMM. _____

COUNTY OF PRIMARY USE _____

5 HOW DID YOU GET THE BOAT?

New Used Leased New Leased Used

If leased, YOU MUST ATTACH a copy

Does this boat now have a NY REGISTRATION Number? Yes No

If "YES", enter the NY Registration Number _____

Is this boat now DOCUMENTED by you? Yes No

If "YES", enter the Document Number _____

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

NY DEALER ONLY	Lien Filing Code (Assigned by DMV) _____	Lienholder Name and Mailing Address _____
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OFFICE USE ONLY	Prior Owner _____	Old Owner 3 of Name _____	Title _____	Lien _____	Lien Number _____	Lien Release _____
	Proof Submitted (Name and Ownership) _____	Stop/Response _____	Operator Signature _____			

6 CHANGES (To change information on your **current** boat registration and/or title.)

NAME CHANGE: *Print your former name exactly like your former name is printed on the current registration or title.*

FOR ALL CHANGES **other** than a name change, *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 or transferable registration 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, and I understand that I must be present for this transaction.

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 _____

NY 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 office.

▶ _____
Signature of Dealer or Authorized Representative

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