



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 NYS DRIVER LICENSE NUMBER _____ DATE OF BIRTH _____ SEX M F O

IS THIS REGISTRATION FOR A CORPORATION OR A PARTNERSHIP? YES NO
 IS THIS A NAME CHANGE? YES (Refer to **6**) NO

NAME OF REGISTRANT (Last, First, Middle) _____

ADDRESS WHERE YOU GET YOUR MAIL — (Include Street Number and Name, Rural Delivery or box number) _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____ COUNTY OF RESIDENCE _____

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM YOUR MAILING ADDRESS — DO NOT GIVE A PO BOX _____ COUNTY _____

3 NYS DRIVER LICENSE NUMBER OF OWNER _____

A different owner is only allowed when 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: Do not complete this section if a completed Registration Authorization (form MV-95) is attached or if you apply to renew the boat registration and the owner of that boat has not changed.

NAME OF CURRENT OWNER (Last, First, Middle) _____ DATE OF BIRTH _____ DAY TELEPHONE NUMBER OF OWNER (Optional) _____

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 of the Leasing Agreement

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

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.

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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

