



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

(This form is also available on DMV's web site - www.nysdmv.com)

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 _____	

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 → Please print clearly in blue or black ink. COMPLETE BOXES 1 2 4 5 and 7. COMPLETE BOXES 3 AND 6 ONLY IF NECESSARY.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1B, Instructions to register a motorized boat in NYS, for more information)

REGISTER this boat for the first time RENEW a registration REPLACE registration: DOCUMENT/ STICKER CHANGE registration (see page 2) TITLE ONLY a motorized 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 OF RESIDENCE** _____

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) _____ **Area Code** () _____

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

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. _____

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

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.)

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 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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DEALER

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 _____

