



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

(This form is also available on DMV's web site - [dmv.ny.gov](http://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: <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	

NY DEALER ONLY	<b>TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT DEALER</b>							
	<b>IF A TEMPORARY REGISTRATION WAS ISSUED:</b> 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 \_\_\_\_\_

*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) 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

