



Department of
Motor Vehicles

BOAT REGISTRATION/TITLE APPLICATION

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



FOR OFFICE USE ONLY

Batch File No.

☐ Original ☐ Renewal ☐ Activity ☐ 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 ☐ X DATE OF BIRTH _____
Month Day Year

NAME OF CO-REGISTRANT (Last, First, Middle) _____ NYS driver license number of CO-REGISTRANT _____ SEX ☐ M ☐ F ☐ X DATE OF BIRTH _____
Month Day Year

DAY TELEPHONE _____ NAME CHANGE? ☐ YES (refer to **5**) ☐ NO ADDRESS CHANGE? ☐ YES ☐ NO

Is this registration for a corporation or partnership? ☐ Yes ☐ No

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 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) _____
Month Day Year 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**.

X _____ (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 ☐ STEEL ☐ PLASTIC ☐ INFLATABLE ☐ FIBERGLASS ☐ OTHER ☐ ALUMINUM

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
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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 information on your **current** boat registration and/or titleNAME 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 X _____
(Print Name in Full - if registering for a corporation, print your full name and title)Sign Here X _____
(Sign Name in Full)Additional Signature
SIGN HERE X _____
(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 the Commissioner's 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 X _____
(Cardholder - Sign Name in Full)**TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE BOAT 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 CodeLien 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 PurchaseBoat 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.

X _____
Signature of Dealer or Authorized Representative