

DO NOT MARK IN THIS SPACE. OFFICE USE ONLY. DL #

PLEASE FILL OUT ENTIRE FORM:

STATE OF PRINCIPAL USE _____

HULL IDENTIFICATION NUMBER: _____

HULL:

1. ☐ WOOD
2. ☐ METAL
3. ☐ INFLATABLE
4. ☐ FIBERGLASS
5. ☐ OTHER

USE:

1. ☐ PLEASURE
2. ☐ DOCUMENTED
3. ☐ DEALER (FOR DEMO USE)
4. ☐ COMMERCIAL PASSENGER
5. ☐ COMMERCIAL FISHING
6. ☐ COMMERCIAL OTHER
7. ☐ RENTAL
8. ☐ EXEMPT

MARINE SANITATION DEVICE:

1. ☐ TYPE I - NO VISIBLE SOLID WASTE
2. ☐ TYPE II - SUSPENDED SOLID WASTE
3. ☐ TYPE III - HOLDING TANK
4. ☐ PORTABLE - PORTA POTTIE

PROPULSION:

1. ☐ OUTBOARD
2. ☐ INBOARD
3. ☐ STERN
5. ☐ OTHER

TYPE:

1. ☐ OPEN
2. ☐ CABIN
3. ☐ HOUSE
4. ☐ OTHER
5. ☐ AUX - SAIL
6. ☐ PWC
7. ☐ PONTOON
8. ☐ INFLATABLE

FUEL:

1. ☐ GASOLINE
2. ☐ DIESEL
3. ☐ OTHER

MANUFACTURED:

1. ☐ FACTORY BUILT
2. ☐ HOMEMADE

LENGTH OF VESSEL _____ FT., _____ IN

MAKE OF VESSEL _____ YEAR BUILT _____

PREVIOUS OWNER (S) _____

NUMBER PREVIOUSLY ISSUED _____

LIENHOLDER _____ INSURANCE CO. _____

OWNER (S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

X _____ X _____

OWNER (S) SIGNATURE (S) IN INK

SOCIAL SECURITY # FOR EACH OWNER OR TAX # FOR COMPANIES

(_____)

DAYTIME TELEPHONE NUMBER _____