

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
BOAT REGISTRATION APPLICATION**

Notice: A copy of this application may be used as a temporary registration for up to 60 days. The temporary registration becomes invalid when a certificate of number is issued by DMV.

BASIC BOAT INFORMATION - MUST BE COMPLETED IN FULL ON ALL APPLICATIONS

| | |
|---|---|
| PRESENT AK BOAT NUMBER AK | REASON FOR APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> DUPLICATE DECAL (\$5) <input type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE CERTIFICATE (\$5) |
| BOAT NAME (IF APPLICABLE) | CLASS OF BOAT <input type="checkbox"/> POWER BOAT (B1) \$24 <input type="checkbox"/> NON-POWER BOAT (B2) \$10 (Registration is optional for non-powered) |

COMPLETE FOR NEW BOATS, TRANSFERS, OR WHEN INFORMATION HAS CHANGED

| | | | | |
|---|---|---|--|---|
| HULL IDENTIFICATION NUMBER (HIN) | ADF&G # (IF ANY) | LENGTH (FT) | YEAR | MAKE/BUILDER OF BOAT |
| BOAT TYPE <input type="checkbox"/> A. RUNABOUT/SKIFF <input type="checkbox"/> B. CABIN CRUISER <input type="checkbox"/> C. PWC (i.e. JET SKI) <input type="checkbox"/> D. HOUSEBOAT <input type="checkbox"/> E. SAILBOAT <input type="checkbox"/> F. OTHER _____ | PROPULSION <input type="checkbox"/> A. OUTBOARD <input type="checkbox"/> B. INBOARD <input type="checkbox"/> C. INBOARD/OUTDRIVE <input type="checkbox"/> D. SAIL ONLY <input type="checkbox"/> E. OARS/PADDLES | USE <input type="checkbox"/> A. PLEASURE <input type="checkbox"/> B. COMMERCIAL PASSENGER <input type="checkbox"/> C. COMMERCIAL FISHING <input type="checkbox"/> D. RENTAL <input type="checkbox"/> E. OTHER _____ | FUEL TYPE <input type="checkbox"/> A. GAS <input type="checkbox"/> B. DIESEL <input type="checkbox"/> C. OTHER <input type="checkbox"/> D. NONE | HULL MATERIAL <input type="checkbox"/> A. ALUMINUM/METAL <input type="checkbox"/> B. FIBERGLASS/PLASTIC <input type="checkbox"/> C. WOOD <input type="checkbox"/> D. INFLATABLE <input type="checkbox"/> E. OTHER _____ |
| HULL COLOR | TRIM COLOR | CABIN COLOR | CONTACT TELEPHONE NUMBER | |

OWNER NAME AND ADDRESS INFORMATION - MUST BE COMPLETED IN FULL ON ALL APPLICATIONS

| | | | | |
|--------------------|---|-------------|------------|-------------------------|
| MAILING ADDRESS: | STREET/PO BOX | CITY | STATE | ZIP CODE |
| RESIDENCE ADDRESS: | PHYSICAL LOCATION (NO PO BOX OR MAIL CACHE) | CITY | STATE | ZIP CODE |
| OWNER | FULL NAME (FIRST, MIDDLE, LAST, SUFF.) OR COMPANY NAME | SSN* | DOB | DRIVER LICENSE # |
| #1 | | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |

I certify under penalty of law that I am the legal owner of the boat described in this application, that this boat is used primarily in Alaska and that all statements in this application are true and correct. I also acknowledge that I must notify DMV within 15 days of change of address or if the boat is destroyed, abandoned or becomes documented.

| | |
|---|------|
| PRINTED NAME AND SIGNATURE OF APPLICANT | DATE |
|---|------|

DMV USE ONLY

| | | | | | | |
|-------------|----------------|-------|------|---|---|------|
| PREV. STATE | STICKER NUMBER | BATCH | AMVC | DOCS. ACCEPTED: AK REG MCO CARP. CERT. BOS OWNER AFF. TITLE | FEES: \$5 \$10 \$24 PAYMENT TYPE: CA CC CK | DATE |
|-------------|----------------|-------|------|---|---|------|

*The Social Security Number (SSN) will be used only for DMV purposes and will not be disclosed as part of a boat record. Disclosure of the SSN is not required by law.

This application may be submitted in person or mailed to any DMV for processing.

Division of Motor Vehicles
ATTN: Correspondence Unit
1300 W Benson Blvd., STE 200
Anchorage AK 99503-3600