STATE OF ALASKA DIVISION OF MOTOR VEHICLES BOAT TITLE AND REGISTRATION APPLICATION																
ТҮРЕ								lace (Circle one) Tabs / Certificate				Add/Remove Lienholder				
Ţ									lace Lost Stolen Destroyed Title				New AK Title (original or OOS transfer)			
	AK BOAT NUMBER Needs new boat Hull Identification Num									iber(HIN) Needs HIN						
BOAT INFORMATION	AK Overall Length of Vessel Year Make Mod						odel State of Principal Operation					Prev Issued Registration Number (I/A)				
	-								AK Other:							
	CLASS		VESSEL TYPE		ENGINE DRIVE TYPE		-	PROPULSION TYPE		PRIMARY OPERATION Dessure		N FUEL T\ Gas	(PE	PE HULL MATERIAL		
	□ Non-powered boat (B2) □ Barge (B3)		Auxiliary sail		☐ Inboard ☐ Outboard			Air Thrust Manual		Rent or lease		Diesel		☐ Fiberglass ☐ Plastic		
	B1- \$24		Cabin motorboat		□ Pod Drive □ Sterndrive			Propeller		Charter fishing		er 🛛 Electric Other		U Wood		
	B2- \$10		Inflatable		□ Other: □ V		Vater Jet		carrying				☐ Rubber/Vinyl /Canvas			
L IN	B3- \$75	Personal	☐ Paddlecraft ☐ Personal watercraft			☐ Other:				er or manufactur	er		☐ Steel ☐ Other:			
BOA	(I.E. Jet Ski) □ Pontoon boat								Other commercial operation:							
	☐ Rowboat ☐ Sail only															
		1	Other:	Other:												
	Hull Color Trim Color Cabin Color						DES THIS VESSEL HAVE OF DOCUMENTATION			DM T	HE USCG?					
					IF YES	, IS THE			TE IN YOUR NAME AND EXPEC IROUGH REG. PERIOD?							
ADDRESS INFORMATION	Leasing Company Mailing Address (leased vehicles only)								City		State	Zip				
	Owner/ Lessor Mailing Address								City		State	ate Zip				
	Owner/Lessee Residence Address								City		State	tate Zip				
OWNER	Applicant Type: Individual Business/Co. Lessor							Tru	st	Charitable / Non-Profit Org			Gov. Agency			
	Full Legal Nam Company / Tru															
ORM	Alaska Driver License Number OR Social Security Number OR Date of Birth (MM/DD/YYYY) Tax ID Number															
IN	Email Address								Phone #							
							-				cable between a Le		•			
	"And "OR	•	res of ALL ow re of a single o			•		oe selecte	ed if owr	ned I	by anything other	than two or mo	ore indiv	iduals)		
Z	Applicant Type	Busines	ss/Co.			Trust			Charitable / Non-Profit Org		Gov. Agency					
CO-OWNER INFORMATION	Full Legal Name including Suffix Company / Trust / Agency Name															
CO-O		e's Name		I Security N	lumber OR	Date of	f Birth (M	M/DD/YY	YY)		Tax ID Number					
Ξ									,							
N	LIENHOLDER	NAME (if p	aid in full ma	rk "None")		NE										
OTHER INFORMATION	LIENHOLDER	ADDRESS:	(PO Box or S	treet Addro	ess)				City			State	Zip			
IFOR	Become an Alasi	-	•			10										
ERIN	(To use this form Alaska ID/DL #:_			Organ Don	nor 🗌 Vo	oter Reg	Initial h	nere:								
отн	or agree to cancel t	hat registration	and wish to regis	ter to vote or u	ipdate your ve	oter registr			turning 1	18. If y	ou meet these require	ments, are not reg	istered to	vote in another jurisdiction		
	Donate \$1 or more to the Anatomical Gift Awareness Fund: \$00															
AFFIDAVIT OF OWNERSHIP	I/we undersigned certify that I/we are the owner(s) of the boat described above. I purchased the boat on: (Date of Purchase) (Name of person or business that the boat was obtained from, if applicable)															
FIDA\ VNER	I obtained the boat in the following manner:															
AFI	_	hip – New/ L per Advertis			Private Sal Gift	ale I built the boat/had						boat built 🛛 Garage Sale				
									is boats	state	e of principal opera			a. I certify under penalty 181.29. False statements		
are pun	•	.1.56.210. I al	so acknowledge				5 days of o		address	or if	the boat is destroye					
Jwner/	Agenty Represent	anve orginati			Date			Co-Owner	Jignatul					Juic		

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.

www.alaska.gov/dmv