



Commonwealth of Massachusetts Massachusetts Environmental Police

136 Blackstone St.-3rd floor-Boston, MA 02109

(617) 626-1610

Registration and Titling Application

Fax: (617) 626-1630



<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Dealer/MFG <input type="checkbox"/> Gov. / Enf. <input type="checkbox"/> Livery	<input type="checkbox"/> Motorboat <input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile	<input type="checkbox"/> Reg. & Title <input type="checkbox"/> Reg. only <input type="checkbox"/> Title <input type="checkbox"/> Permit	<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate <input type="checkbox"/> Transfer <input type="checkbox"/> Decal	<input type="checkbox"/> Change/Correction <input type="checkbox"/> Add Co-Owner/Joint <input type="checkbox"/> Remove Co-Owner/Joint <input type="checkbox"/> Add Lien Holder <input type="checkbox"/> Remove Lien Holder
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Reg/Permit #/Doc #	Processed By	Expiration Date	Reg/Permit Fee	Total Fees
Title #	Customer ID #	Issue Date	Title Fee	FTN
				CCTN

A. APPLICANT (Please print the following information.)

Last Name or Business Name		First		MI	Social Security # /FEIN if Business	
Street		City		State	Zip Code	Birth date
Mailing Address		City		State	Zip Code	Telephone
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	US Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Phone		Email

B. CO-OWNER (Both signatures required in Sec "F") JOINT OWNER (Check only one box)

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # /FEIN if Business		DOB
Address		City	State	Zip Code
				Telephone

C. LIEN HOLDER (For Titled Motorboats only)

<input type="checkbox"/> Financial Inst.	<input type="checkbox"/> Business	<input type="checkbox"/> Individual	Security Agreement Date:		
Name		Telephone		E-Mail	
Address		City	State	Zip Code	

D.

Serial Number (VIN/HIN)	Manufacturer	Year
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Boat Model	Color 1	Color 2	Length - Feet	Inches
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Primary Operation (Use) <input type="checkbox"/> Pleasure <input type="checkbox"/> Enforcement <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Rent or Lease (Livery) <input type="checkbox"/> Commercial Operation <input type="checkbox"/> Charter Fishing <input type="checkbox"/> Commercial <input type="checkbox"/> Dealer/Manufacturing Pass. Carrying <input type="checkbox"/> Demo <input type="checkbox"/> Government <input type="checkbox"/> Other _____	Vessel Type <input type="checkbox"/> Air Boat <input type="checkbox"/> Paddlecraft <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Pontoon <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> PWÇ <input type="checkbox"/> Houseboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Sail Only <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Other _____	Recreational Vehicle Type <input type="checkbox"/> Four Wheel <input type="checkbox"/> Three Wheel <input type="checkbox"/> Mini Bike <input type="checkbox"/> Trailbike <input type="checkbox"/> Snowmobile <input type="checkbox"/> Vintage Snowmobile <input type="checkbox"/> Other _____	Hull Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Pollution Control Device <input type="checkbox"/> None <input type="checkbox"/> Porta Potti <input type="checkbox"/> Chlorinator <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other _____ City or Town of Mooring/Storage Location
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State of Principal Operation	Previously Registered Out of State <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Registered Number/Title	Previously Registered State
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E. ENGINE

Manufacturer	Year	Serial Number/Model Number	Horsepower or CC's
Manufacturer	Year	Serial Number/Model Number	Horsepower or CC's

Propulsion: (circle one) Air-Thrust Propeller Manual Sail Water-Jet Other **FUEL TYPE:** ELECTRIC GAS DIESEL OTHER _____

Engine Drive Type: Inboard Outboard Pod-Drive Stern-Drive Other

F. SIGNATURE(S)

I hereby affirm that the information provided is true and correct under the pains and penalties of perjury.

Owner's Signature	Co-Owners and/or Joint Owner	Date: / /
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