



**Commonwealth of Massachusetts  
MASSACHUSETTS ENVIRONMENTAL POLICE**



**(617) 626-1610**

**251 Causeway St. – Suite 101 – Boston, MA 02114**

**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"/> Registration 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"/> Change/Correction <input type="checkbox"/> Add Co-Owner/Joint <input type="checkbox"/> Remove Co-Owner/Joint <input type="checkbox"/> Add Lien holder
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Reg/Permit #	Processed By	Expiration Date	Reg/Permit Fee	Total Fees
Title #	Reviewed By	Issue Date	Title Fee	FTN

**A. APPLICANT** *(Please print the following information.)*

Last Name or Business Name		First Name		MI	SSN / Unique ID / FID	
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	Height	Weight	
Paraplegic <input type="checkbox"/> Yes <input type="checkbox"/> No	Mentally Retarded <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Color	Hair Color		

**B. VESSEL - ATV - SNOWMOBILE**

Serial Number (VIN/HIN)		Manufacturer	Year	Color 1	Color 2	Length
Use <input type="checkbox"/> Pleasure <input type="checkbox"/> Comm. Fish <input type="checkbox"/> Government <input type="checkbox"/> Livery <input type="checkbox"/> Enforcement	Type <input type="checkbox"/> Open Boat <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> PWC <input type="checkbox"/> Sailboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Snowmobile	ATV Type <input type="checkbox"/> Four Wheel <input type="checkbox"/> Three Wheel <input type="checkbox"/> Mini Bike <input type="checkbox"/> Trailbike <input type="checkbox"/> Other _____	Hull Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Inflatable <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood	Pollution Control Device <input type="checkbox"/> None <input type="checkbox"/> Chlorinator <input type="checkbox"/> Holding Tank		
Mooring/Storage Location						

**C. ENGINE**

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

Propulsion: (circle one) AIR ELE I/O IND JET OUT OTHER Fuel Type: GAS DIESEL OTHER \_\_\_\_\_

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

Name	SSN #	Telephone	DOB
Address	City	State	Zip

**E. LIENHOLDER** *(For Titled Motorboats only)*

Lienholder Type: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Business <input type="checkbox"/> Individual	Security Agreement Date:			
Name	Telephone	Email		
Street	City	State	Zip	Country

**F. SIGNATURE**

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

Owner's Signature	Co-Owner's and/or Joint Owner's Signature	Date Signed
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