

SECTION 4 - Vessel Number Information --- Required (if applicable)

Manufacturer's Hull ID #: _____

The Hull ID number is the 12 to 15-digit number located on the right rear transom of the hull. If this number contains more than 15-digits or less than 12-digits, you must submit a pencil-tracing with this application.

N.C. Registration #: NC _____

Out-of-State Registration #: _____

N.C. Title #: _____

SECTION 5 – Owner Information

Check One: Individual Business Dealer (Only complete sections 1 and 5. Sign below.) Permanent (government entities only)

Primary Owner Information:

Last or Business Name: _____
 First Name: _____
 Middle Name: _____
 Suffix (Jr., Sr., III): _____
 NC Driver License #:* _____
 Date of Birth: _____
 Telephone #: _____
 E-mail Address:* _____

Mailing Address:

Street or PO Box: _____
 City: _____
 State: _____
 Zip: _____

Resident Address (required if titling):

Street: _____
 City: _____
 State: _____
 Zip: _____

Secondary Owner Information:

Last Name: _____
 First Name: _____
 Middle Name: _____
 Suffix (Jr., Sr., III): _____
 NC Driver License #:* _____
 Date of Birth: _____
 Telephone #: _____
 E-mail Address:* _____

Mailing Address:

Street or PO Box: _____
 City: _____
 State: _____
 Zip: _____

Resident Address (required if titling):

Street: _____
 City: _____
 State: _____
 Zip: _____

*Optional

If more than two owners, attach separate sheet listing additional owner information.

SECTION 6 – Vessel Information

Vessel Identification:

Year: _____
 Model: _____
 Manufacturer: _____
 Exact Length (ft. & in.): _____
 County where vessel will be taxed (required): _____

First Motor Information (if over 25 HP):

Make: _____
 Horsepower: _____
 Serial Number: _____
 Price: _____

Second Motor Information (if over 25 HP):

Make: _____
 Horsepower: _____
 Serial Number: _____
 Price: _____

Hull	Primary Use	Fuel	Propulsion	Type
<input type="checkbox"/> 1-Wood <input type="checkbox"/> 2-Fiberglass <input type="checkbox"/> 3-Metal (Aluminum) <input type="checkbox"/> 4-Inflatable <input type="checkbox"/> 5-Plastic <input type="checkbox"/> 9-Other	<input type="checkbox"/> 1-Pleasure <input type="checkbox"/> 2-Commercial <input type="checkbox"/> 3-Livery <input type="checkbox"/> 4-Demonstration <input type="checkbox"/> 5-Commercial <input type="checkbox"/> 6-Other <input type="checkbox"/> 9-Other Passenger Commercial	<input type="checkbox"/> 1-Gasoline <input type="checkbox"/> 2-Diesel <input type="checkbox"/> 3-Electric <input type="checkbox"/> 9-Other	<input type="checkbox"/> 1-Outboard <input type="checkbox"/> 2-Inboard <input type="checkbox"/> 3-Inboard/ Outboard <input type="checkbox"/> 4-Sail Only <input type="checkbox"/> 5-Aux. Sail/Inboard <input type="checkbox"/> 6-Aux. Sail/Outboard <input type="checkbox"/> 7-Jet Drive <input type="checkbox"/> 9-Other	<input type="checkbox"/> 1-Open <input type="checkbox"/> 2-Cabin <input type="checkbox"/> 3-Houseboat <input type="checkbox"/> 4-Personal <input type="checkbox"/> 5-Pontoon <input type="checkbox"/> 9-Other Watercraft (Jet ski)

SECTION 7 – Purchase Information

Purchased From (full name): _____
 Street or PO Box: _____
 City: _____
 State: _____
 Zip: _____
 Telephone: _____
 Purchase Price: _____
 Date Purchased: _____
 State where purchased from: _____

SECTION 8 – Lienholder Information (Individual Business)

Date of Lien: _____
 Business Name: _____
 Last Name (Individual): _____ Suffix (Jr., Sr., III): _____
 First Name: _____
 Middle Name: _____
 Telephone: _____
 Street or PO Box: _____
 City: _____
 State: _____ Zip: _____

Certification: I/We listed below am/are the rightful owner(s) of the vessel described above and hereby make application for that which is indicated above and certify that the statements made herein are true and correct, to the best of my/our knowledge, information and belief, and that the vessel is subject to the liens or encumbrances listed and none other.

Signature(s) of Owner(s):

 Primary Owner Date Secondary Owner Date
 Signature of Duly Authorized Attorney in Fact (attach Properly Executed Power of Attorney): _____ Date _____