

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

After printing, please check the information carefully and sign the form.

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 ☐ NEW ☐ RENEWAL ☐ TRANSFER OF OWNERSHIP ☐ DUPLICATE DECAL (\$5) ☐ DUPLICATE CERTIFICATE (\$5)
BOAT NAME (IF APPLICABLE)	CLASS OF BOAT ☐ POWER BOAT (B1) ☐ NON-POWER BOAT (B2) \$24 \$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 ☐ A. RUNABOUT/SKIFF ☐ B. CABIN CRUISER ☐ C. PWC (i.e. JET SKI) ☐ D. HOUSEBOAT ☐ E. SAILBOAT ☐ F. OTHER _____	PROPULSION ☐ A. OUTBOARD ☐ B. INBOARD ☐ C. INBOARD/OUTDRIVE ☐ D. SAIL ONLY ☐ E. OARS/PADDLES	USE ☐ A. PLEASURE ☐ B. COMMERCIAL PASSENGER ☐ C. COMMERCIAL FISHING ☐ D. RENTAL ☐ E. OTHER _____	FUEL TYPE ☐ A. GAS ☐ B. DIESEL ☐ C. OTHER ☐ D. NONE	HULL MATERIAL ☐ A. ALUMINUM/METAL ☐ B. FIBERGLASS/PLASTIC ☐ C. WOOD ☐ D. INFLATABLE ☐ 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
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DMV USE ONLY

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