

1	<input type="checkbox"/> New (421) VT Registration # _____ <input type="checkbox"/> Transfer (431) Sticker Expires _____ <input type="checkbox"/> Renew (475) Length of Boat _____ feet _____ inches <input type="checkbox"/> Title Only		Condition	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rebuilt		Engine Drive	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Pod-Drive <input type="checkbox"/> Stern Drive <input type="checkbox"/> Other		Propulsion	<input type="checkbox"/> Air Thrust <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Other		Fuel	<input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other		State of Principle Operation			
																	Previous Registration #	
1	Make	Model	Year	Color	Hull ID Number (HIN)													
	Hull Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Rubber/Vinyl/Canvas			Vessel Type <input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable <input type="checkbox"/> PWC <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Other <input type="checkbox"/> Houseboat					Primary Operation <input type="checkbox"/> Charter Fishing <input type="checkbox"/> Dealer/Demo <input type="checkbox"/> Comm Fishing <input type="checkbox"/> Pleasure <input type="checkbox"/> Comm Passenger <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Comm Other									
2	Owner License No	Owner Federal ID Number	Owner Gender	Co-Owner License No	Co-Owner Federal ID Number	Co-Owner Gender												
	Owner Name						Co-Owner Name											
Mailing Address (PO Box or Street)						Mailing Address (PO Box or Street)												
City	State	ZIP	City	State	ZIP													
Physical Address (Street)						Physical Address (Street)												
City	State	ZIP	City	State	ZIP													
Date Of Birth	If Name Has Changed, List Previous Name					Date Of Birth	If Name Has Changed, List Previous Name											
Phone Number & Email Address:																		
3	<input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common <input type="checkbox"/> Business Partners <input type="checkbox"/> Transfer on Death (requires form T-07)																	
	Lienholder Name				Date of loan		VT license # (if individual)				Date of birth (if individual)							
4	Lienholder Address																	
	Name of person or company boat acquired from					Address of person or company boat acquired from												
5	Signature of person or company (agent) boat acquired from										Date purchased							
	I Certify That The VT Sales And Use Tax Has Been Collected From The Purchaser And Paid To The VT Dept. Of Taxes					Vermont Tax Number				VT Dealer number								
7	If claiming tax credit or transferring registration Section #7 must be completed in full											10 DO NOT WRITE IN SHADED AREA						
	Purchase Price	\$	Purchaser Of Old Vessel									Registration (37)						
Tax Credit	\$	City State On (Date)									Tax (39)							
Net Taxable Cost	\$	Year	Make	Plate	Tax Exempt #									Title (03)				
Tax (6%)	\$	HIN									Transfer (37)							
8 Signature of Owner & Co-Owner Date																		
X X											I certify that I am the owner of the vessel described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829				Misc (37)			
											Other:							
											Total Fees		\$					

Old #1	New # 1	New # 2	INDEX #	Registration # Assigned
<input type="checkbox"/> 225 <input type="checkbox"/> 231 <input type="checkbox"/> 233 <input type="checkbox"/> 454 <input type="checkbox"/> 465 <input type="checkbox"/> 490 C <input type="checkbox"/> 2 Year <input type="checkbox"/> 227 <input type="checkbox"/> 232 <input type="checkbox"/> 453 <input type="checkbox"/> 455 <input type="checkbox"/> 452 <input type="checkbox"/> 490 P				Registration Expires
				/

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1	Make _____	Model _____	Year _____	Color _____	Hull ID Number (HIN) _____		
	Hull Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Rubber/Vinyl/Canvas		Vessel Type <input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable <input type="checkbox"/> PWC <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Other <input type="checkbox"/> Houseboat			Primary Operation <input type="checkbox"/> Charter Fishing <input type="checkbox"/> Dealer/Demo <input type="checkbox"/> Comm Fishing <input type="checkbox"/> Pleasure <input type="checkbox"/> Comm Passenger <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Comm Other	
2	Owner License No _____	Owner Federal ID Number _____	Owner Gender _____	Co-Owner License No _____	Co-Owner Federal ID Number _____	Co-Owner Gender _____	
Owner Name _____			Co-Owner Name _____				
Mailing Address (PO Box or Street) _____			Mailing Address (PO Box or Street) _____				
City _____	State _____	ZIP _____	City _____	State _____	ZIP _____		
Physical Address (Street) _____			Physical Address (Street) _____				
City _____	State _____	ZIP _____	City _____	State _____	ZIP _____		
Date Of Birth _____	If Name Has Changed, List Previous Name _____		Date Of Birth _____	If Name Has Changed, List Previous Name _____			
Phone Number & Email Address: _____							
3	<input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common <input type="checkbox"/> Business Partners <input type="checkbox"/> Transfer on Death (requires form T-07)						
4	Lienholder Name _____		Date of loan _____	VT license # (if individual) _____		Date of birth (if individual) _____	
	Lienholder Address _____						
5	Name of person or company boat acquired from _____		Address of person or company boat acquired from _____				
	Signature of person or company (agent) boat acquired from _____			Date purchased _____			
6	I certify That The VT Sales And Use Tax Has Been Collected From The Purchaser And Paid To The VT Dept. Of Taxes		Vermont Tax Number _____	VT Dealer number _____			
7	If claiming tax credit or transferring registration Section #7 must be completed in full				10 DO NOT WRITE IN SHADED AREA		
Purchase Price \$ _____	Purchaser Of Old Vessel _____			Registration (37) _____			
Tax Credit \$ _____	City _____	State _____	On (Date) _____			Tax (39) _____	
Net Taxable Cost \$ _____	Year _____	Make _____	Plate _____	Tax Exempt # _____	Title (03) _____		
Tax (6%) \$ _____	HIN _____			Transfer (37) _____			
8 Signature of Owner & Co-Owner				Date			
X	I certify that I am the owner of the vessel described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829			Misc (37) _____			
X				Other: _____			
			Total Fees	\$ _____			

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