

State of Vermont
 DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation

 120 State Street
 Montpelier, VT 05603-0001
 dmv.vermont.gov

DO NOT WRITE IN SHADED AREAS				<input type="checkbox"/> New (421)	<input type="checkbox"/> Renewal (475)	EXPIRES DECEMBER <u>20</u>					
Vessel Validation Number:											
AUDIT LINE											
1	Make (If Homemade, So State)		Year	Color	Hull Identification Number (HIN)			<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER		<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> REBUILT	
	Length Of Boat (Stem To Stern) _____ Feet _____ Inches		Hull Material (Check <input checked="" type="checkbox"/> One): [] Wood [] Aluminum [] Steel [] Fiberglass [] Plastic [] Other _____		Type Of Propulsion (Check <input checked="" type="checkbox"/> One): [] Outboard [] Inboard [] Waterjet Pump/ PWC (Jetski) [] Waterjet Pump/Shuttlecraft/ (Or Stern Drive)			Use Of Boat (Check <input checked="" type="checkbox"/> One): [] Pleasure Only [] Shuttlecraft [] Livery Only [] PWC (Jetski) [] Commercial [] Dealer demo			
2	OWNER	VT DRIVER LICENSE NO (j)	SSN or FEDERAL ID NUMBER (fg)	GENDER (c) <input type="checkbox"/> M <input type="checkbox"/> F	CO-OWNER	VT DRIVER LICENSE NO (l)	SSN or FEDERAL ID NUMBER (pg)	GENDER (m) <input type="checkbox"/> M <input type="checkbox"/> F			
Name (b)					Name (l)						
Mailing Address (PO Box or Street) (d):					Mailing Address (PO Box or Street) (n):						
City:			State:	ZIP:	City:			State:	ZIP:		
Physical Address (Street) (e):					Physical Address (Street) (o):						
City:			State:	ZIP:	City:			State:	ZIP:		
DATE OF BIRTH (h):		IF NAME HAS CHANGED, LIST PREVIOUS NAME (i):			DATE OF BIRTH (r):		IF NAME HAS CHANGED, LIST PREVIOUS NAME (s):				
Phone Number & Email Address:											
3	I certify that I am the owner of the vessel described above and same is properly equipped and in good mechanical condition. I also certify that the statements made herein are true, correct and complete to the best of my knowledge. These declarations are made under penalties of perjury and 23 VSA §202 & §203.						VALIDATION FEE	51			
SIGNATURE OF OWNER						DATE		TAX	39		
SIGNATURE OF CO-OWNER						DATE		MISCELLANEOUS	10		
								TOTAL			
								RATER #			

IMPORTANT NOTICE

Vessel validations expire annually, at midnight the last day of December. This application must be accompanied by a copy of a current registration or a valid document issued by the U.S. Coast Guard, the U.S. Bureau of Customs or any other federal agency.

Section 1: All areas must be completed. All vessels manufactured on or after 11/01/72 must have a twelve digit Hull Identification Number. If a non-motorized vessel, propulsion must be manual. Please check "manual" box on the front of the application.

Section 2: Application must show both the Owner's and Co-Owner's full name, address, date of birth and Social Security Number. If applicant is a business, use the Federal ID Number in place of Social Security Number.

Section 3: This section **must** be signed by the Owner and Co-Owner (if applicable).

Fees: See <http://dmv.vermont.gov/registrations/fees>

Tax: The first validation of a vessel in Vermont will be subject to the state sales tax unless:

1. A purchase invoice is presented showing a sales tax of 6% or more paid to a dealer in any state jurisdiction who imposes a sales tax. Alaska, Montana, Delaware, New Hampshire and Oregon do not have sales and use tax. If claiming an exemption for sales or use tax paid in any of those state jurisdictions who do not impose a sales or use tax, refer to the Tax Department for further assistance.
2. The applicant is a nonresident of Vermont who purchased the vessel in a state other than Vermont while a nonresident.
3. The applicant is a nonresident of Vermont who purchased the vessel in Vermont, however, who took title and/or possession and/or both in another state.
4. The applicant is a nonresident of Vermont who submits a copy of a valid registration from his/her home state.
5. The vessel is acquired through a transfer to an individual, a relative or not, for no consideration.

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Name (b)				Name (l)				
Mailing Address (PO Box or Street) (d):				Mailing Address (PO Box or Street) (n):				
City:		State:	ZIP:	City:		State:	ZIP:	
Physical Address (Street) (e):				Physical Address (Street) (o):				
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SIGNATURE OF OWNER					DATE		TAX	39
							MISCELLANEOUS	
SIGNATURE OF CO-OWNER					DATE		TOTAL	
							RATER #	

**NOTIFICATION OF TRANSFER OF OWNERSHIP
TO BE COMPLETED WHEN VESSEL IS SOLD OR TRANSFERRED**

I certify that ownership of the vessel described on front has been transferred on _____, _____

to: _____

New Owner(s) Name(s)

New Owner(s) Address

Signature of Owner
(must be the same as on the front of the application)

Signature of Co-Owner
(must be the same as on the front of the application)

If you require any further information or assistance, please contact the Registration and License Information Unit at 802.828.2000.

Important: You are required to notify this department in writing within thirty (30) days of any change in your mailing address, legal name or legal residence.

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