



Commonwealth of Massachusetts
DFWELE SPORT Licensing
 175 Portland Street, 2nd floor - Boston, Massachusetts 02114
 Registration and Titling Application

(617) 727-3900

<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Gov. / Enf.	<input type="checkbox"/> Motorboat <input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile	<input type="checkbox"/> Reg & Title <input type="checkbox"/> Registration <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"/> Update <input type="checkbox"/> Add Co-Owner <input type="checkbox"/> Remove Co-Owner <input type="checkbox"/> Add Lien holder <input type="checkbox"/> Remove Lien holder <input type="checkbox"/> Change of Address
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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		First		MI	SSN/Unique ID
Business Name (For businesses only)		Fax (For businesses only)		TVN / Fed Tax ID (For businesses only)	
Street		City		State	Zip
Mailing Address		City		State	Zip
Telephone		E-Mail		Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Height:		Weight		Eye Color	
				Hair Color	
US Resident:	US Citizen	MA Resident:	Paraplegic	Mentally Retarded:	Blind:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. VESSEL / VEHICLE

Serial Number (VIN/HIN)		Manufacturer		Year	Type
Use		Color 1		Color 2	
Mooring / Storage Location		Length	Hull Material		Pollution Control Device

C. ENGINE

Manufacturer	Year	Serial Number	Horsepower/CCs	Propulsion	Fuel Type
Manufacturer	Year	Serial Number	Horsepower	Propulsion	Fuel Type

D. PREVIOUS OWNER

Name		State Registered	Registration/Title #
Address		City	State
			Zip

E. LIENHOLDERS AND CO-OWNERS (For Titled Motorboats only)

Are there any Co-Owners associated with this Vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please indicate ownership type: <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owner
Are there any Liens associated with this Vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, please complete the "Co-Owners and Lien holders Form"

I hereby affirm that the information provided is true and correct under the pains and penalties of perjury.	
Owner's Signature :	Date Signed



DFWELE SPORT Licensing

Co-Owners and Lien Holders Form

Title #	Date Issued	FTN	Entered By
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Secondary Owner

Last Name		First		MI	SSN/Unique ID	
Business Name		Fax		Fed Tax ID:		
Street		City		State	Zip	Country
Street		City		State	Zip	Country
Telephone		E-Mail		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date
Height:		Weight		Eye Color		Hair Color
US Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
I hereby affirm that the information provided is true and correct under the pains and penalties of perjury.					Owner's Signature	
					Date Signed	

Third Owner

Last Name		First		MI	SSN/Unique ID	
Business Name		Fax		Fed Tax ID:		
Street		City		State	Zip	Country
Street		City		State	Zip	Country
Telephone		E-Mail		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date
Height:		Weight		Eye Color		Hair Color
US Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
I hereby affirm that the information provided is true and correct under the pains and penalties of perjury.					Owner's Signature :	
					Date Signed	

First Lien Holder

Lien holder Type: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Business <input type="checkbox"/> Individual			Security Agreement Date:			
Name		Telephone		E-Mail		
Street		City		State	Zip	Country

Second Lien Holder

Lien holder Type: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Business <input type="checkbox"/> Individual			Security Agreement Date:			
Name		Telephone		E-Mail		
Street		City		State	Zip	Country