

OKLAHOMA TAX COMMISSION MOTOR VEHICLE DIVISION

APPLICATION FOR CERTIFICATE OF TITLE FOR A BOAT OR OUTBOARD MOTOR

Place
Motor
Vehicle Tax
Stamp Here

Complete one:

Boat...Length = _____ ft. _____ in. If INB H.P.= _____

or

Outboard Motor.....H.P. = _____

Oklahoma Vessel Number (if boat) OK _____

Registration / Sticker Number _____ Expiration Date 06-30-____

Previous State and Registration Number _____

Model Year _____ Make and Model _____

Serial or Hull Number _____

Factory Delivered Price _____ Total Delivered Price _____

Check one in each category

| USE | TYPE | HULL | PROP | FUEL |
|---------------------------------------------------|--------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Pleasure | <input type="checkbox"/> Open | <input type="checkbox"/> Wood | <input type="checkbox"/> Inboard | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Cabin | <input type="checkbox"/> Metal | <input type="checkbox"/> Outboard | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> House | <input type="checkbox"/> FB GL | <input type="checkbox"/> I/O Driv. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Coml. Passenger Carrying | <input type="checkbox"/> Other | <input type="checkbox"/> Plastic | <input type="checkbox"/> Sail | |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Coml. Fishing | | | | |
| <input type="checkbox"/> Other Coml. Use | | | | |

Owner's Name: _____

Address: _____

City, State, ZIP: _____

Driver's License or Other Identification Number: _____

THIS BOAT OR MOTOR IS SUBJECT TO A LIEN IN FAVOR OF:

_____ Date of Lien: _____

Address: _____

City: _____ State: _____

I, the undersigned, under penalty of perjury, do solemnly swear (or affirm) that I am the owner of the boat or motor described on this application and that the statements contained herein are true.

State of Oklahoma

County of _____ § _____ *Signature of Owner* _____

Subscribed and sworn to before me this _____ day of _____, 20 ____

My commission expires: _____ Notary Public _____

Boat or Motor Inspection

(To be completed upon Oklahoma Tax Commission request)

BOAT **HIN** NUMBER: _____

MOTOR **SERIAL** NUMBER: _____

I, the undersigned, hereby certify that I have physically inspected the boat or motor identification number as indicated above.

Inspector Name Date

Title or Position

City State Motor License Agent Number

A fee will not be collected for this inspection.

Tape boat/motor registration slip (if available) in the space below. The registration number is to be listed where indicated on the front side of this form.

