

ORIGINAL - Transportation  
 COPY - Clerk  
 COPY - Buyer  
 COPY - FINANCIAL INSTITUTION

**MOTOR BOAT TRANSACTION RECORD  
 APPLICATION FOR TITLE / REGISTRATION**

KRS 186A states that:  
 Any person who knowingly enters or attests to the entry  
 of false or erroneous information upon this form will be  
 subject to the penalties of forgery in the second degree.

PLEASE NOTE: The original of this form must be completed in blue or black ink.

**SELLER SECTION**

NAME OF SELLER OR TRANSFEROR \_\_\_\_\_

NAME OF CO-OWNER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

KY NO. \_\_\_\_\_ BOAT TYPE \_\_\_\_\_ HULL IDENTIFICATION \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LENGTH \_\_\_\_\_ BEAM \_\_\_\_\_ HULL MATERIAL \_\_\_\_\_ PROPULSION \_\_\_\_\_

FUEL \_\_\_\_\_ CAPACITY \_\_\_\_\_ USE \_\_\_\_\_

NO. TOILETS \_\_\_\_\_ TYPE \_\_\_\_\_ APPROVED \_\_\_\_\_

PURCHASE YEAR \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

MOTOR MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ H.P. \_\_\_\_\_ # MOTORS \_\_\_\_\_

MOTOR SERIAL NUMBER \_\_\_\_\_ PURCHASE YEAR \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

I WARRANT THAT THE MOTORBOAT DESCRIBED ABOVE IS NOT SUBJECT TO AN  
 UNTERMINATED LIEN AND THAT NO LOAN IN CONNECTION WITH THIS MOTOR  
 BOAT HAS NOR WILL BE APPLIED FOR BY SELLER WITHIN 30 DAYS OF THIS  
 APPLICATION. I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE  
 AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SELLER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

ATTESTING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
 20 \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**OWNER-BUYER SECTION**

NAME OF OWNER OR BUYER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF CO-OWNER OR BUYER \_\_\_\_\_ SSN. OR FED. I.D. \_\_\_\_\_

NAME OF CO-OWNER OR BUYER \_\_\_\_\_ SSN. OR FED. I.D. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

CITIZENSHIP OF APPLICANT \_\_\_\_\_ SEX \_\_\_\_\_

DEALER NUMBER \_\_\_\_\_ COUNTY OF DOCKAGE \_\_\_\_\_

I have  have not applied for a loan in connection with the motorboat described  
 herein and if not,  I will  will not apply for a loan within 30 days of this application.

1st LIENHOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

2nd LIENHOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

I HEREBY APPLY FOR (REGISTRATION) \_\_\_\_\_ REGISTRATION AND/OR A  
 CERTIFICATE OF TITLE. I CERTIFY THAT THE DESCRIBED MOTORBOAT WILL BE  
 OPERATED CONSISTENT WITH THE CLASSIFICATION REQUESTED ABOVE, AND  
 THE MARINE SANITATION DEVICE FOR THE TOILET IS PROPERLY OPERATING AND  
 PROPERLY USED FOR THE WATER BODY WHERE THE MOTORBOAT IS KEPT OR  
 OPERATED. I FURTHER CERTIFY UNDER THE PENALTY DESCRIBED ABOVE, THAT I  
 HAVE SUPPLIED TRUE AND CORRECT INFORMATION TO THE BEST OF MY  
 KNOWLEDGE AND BELIEF.

OWNER BUYER SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

ATTESTING OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
 20 \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

- Ⓞ HAS THE APPLICANT BEEN PREVIOUSLY LICENSED OR REGISTERED AS AN OWNER?
- Ⓞ IF SO, WHEN AND BY WHAT STATE OR COUNTY?
- Ⓞ HAS THE APPLICANT'S LICENSE REGISTRATION OR CERTIFICATE NUMBER BEEN  
 CANCELLED, SUSPENDED, REVOKED, OR REFUSED?
- Ⓞ IF SO, GIVE DATE AND REASON.

**CLERK SECTION**

TYPE APPLICATION		CONTROL NO.		DECAL #	
CLERK'S ID			CLERK'S FEE		
REG. EXPIRES		DATE OF ISSUANCE		STATE FEE	
DVR USE ONLY		RECEIPT	VERIFICATION		VERIFICATION

CLERK SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BOAT TYPE**

Airboat	AIR
Commercial	COM
Cruiser	CRU
Houseboat	HSE
Hovercraft	HOV
Hydrofoil	HYD
Hydroplane	HRO
Runabout	RUN
Pontoon	PON
Sailboat	SAL
Utility	UTL
Yacht	YAT
All Others	YYY

**HULL MATERIAL**

Wooden	WD
Fiberglass	PL
Steel	ST
Aluminum	AL
Other	OT

**PROPULSION**

Outboard	OB
Inboard	IB
Inboard / Outboard	IO
Sail w / Inboard	SI
Sail w / Outboard	SO
Water Jet	WJ
Electric Trolling	ET

**FUEL TYPE**

Gas	G
Diesel	D
Other	O

**PRIMARY USE**

Pleasure	PL
Rent or Lease	RL
Demonstration	DM
Commercial	CM
Government Agencies	GA

**TYPE OF TOILETS**

Type 1  
Type 2  
Type 3

**COUNTY OF RESIDENCE / COUNTY OF DOCKAGE**

4 position alpha code

**CITIZENSHIP**

United States	US
Canadian	CA
Foreign	FR