



Kentucky Transportation Cabinet  
Division of Motor Vehicle Licensing

IC 96-184  
Rev:3/2016  
Page 1 of 2

Motor Boat Transaction Record/Application for Registration and/or Title

Check the type of application desired.				<input type="checkbox"/> Duplicate <input type="checkbox"/> Title Only <input type="checkbox"/> Transfer <input type="checkbox"/> First Time <input type="checkbox"/> Salvage <input type="checkbox"/> Update			
If Duplicate is checked, the original Certificate of Title is:				<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Damaged <input type="checkbox"/> Illegible <input type="checkbox"/> Other			
<b>BOAT IDENTIFICATION SECTION</b>				<b>BOAT OWNER /BUYER SECTION</b>			
PON		HAM123456789		01-01-2000			
1983	HAMLET	PONTOON		DATE OF BIRTH			
12.0	7.0	PL	OB	US Female			
LENGTH		BEAM		HULL MATERIAL		PROPULSION	
G		4		PL		SEX	
FUEL TYPE		CAPACITY		Fayette			
0				COUNTY OF DOCKAGE			
# TOILETS		TOILET TYPE		APPROVED		HORSEPOWER	
PURCHASE PRICE		PURCHASE DATE		I HEREBY APPLY FOR REGISTRATION AND/OR A CERTIFICATE OF TITLE. I CERTIFY THAT THE DESCRIBED MOTORBOAT WILL BE OPERATED CONSISTENT WITH THE CLASSIFICATION REQUESTED HEREIN, 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 HEREIN, THAT I HAVE SUPPLIED TRUE AND CORRECT INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
MERC		1983 150 1		*HAS THE APPLICANT BEEN PREVIOUSLY LICENSED OR REGISTERED AS AN OWNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
MOTOR MAKE		YEAR H.P		*IF YES, WHEN AND BY WHAT STATE OR COUNTY?			
1234567				* HAS THE APPLICANTS LICENSE REGISTRATION OR CERTIFICATE NUMBER BEEN CANCELLED, SUSPENDED, REVOKED, OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTOR SERIAL #		YEAR PURCHASED		*IF YES, GIVE DATE AND REASON. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>MOTOR BOAT BRAND DISCLOSURE: Check appropriate block if applicable:</b> <input type="checkbox"/> Rebuilt <input type="checkbox"/> Salvage <input type="checkbox"/> Hail Damage							

KRS 235.990 Any person who violates any of the provisions of this chapter or administrative regulations adopted under this chapter shall be fined not less than fifty dollars (\$50) nor more than two hundred dollars (\$200).

JOINT OWNERSHIP:  OR  AND (NOTE: If neither box is checked, the transfer shall require both signatures.)

JOHN Q SELLER  
NAME OF SELLER(S) SELLER DEALER #

100 ANY STREET  
STREET ADDRESS

LEXINGTON FAYETTE KY 40500  
CITY COUNTY STATE ZIP

JOHN.SELLER@EMAIL.COM 859-123-45678  
EMAIL ADDRESS PHONE #

JANE P BUYER 123456789  
NAME OF OWNER/BUYER(S) SSN/Federal ID #

JAMES BUYER 987654321  
NAME OF OWNER/BUYER(S) SSN/Federal ID #

200 ANY STREET  
ADDRESS

LEXINGTON FAYETTE KY 40500  
CITY COUNTY STATE ZIP

JANE.BUYER@EMAIL.COM 859-987-6543  
EMAIL ADDRESS PHONE NUMBER

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

I WARRANT THAT THE MOTORBOAT DESCRIBED ABOVE IS NOT SUBJECT TO AN UNTERMINATED LIEN AND THAT NO LOAN IN CONNECTION WITH THIS MOTORBOAT HAS NOR WILL BE APPLIED FOR BY SELLER WITHIN 30 DAYS OF THIS APPLICATION.

*John Q Seller*  
SELLER'S SIGNATURE

*Notary Public*  
SELLER'S SIGNATURE Date of Transfer

Attesting Official signature  
Subscribed and affirmed before me on this 9 day of May 20 17  
My commission expires 12-31-2020

ANY BANK  
FIRST LIENHOLDER

ANY TOWN  
ADDRESS

FAYETTE  
COUNTY WHERE LIEN WILL BE FILED

*Jane P Buyer*  
OWNER/BUYER(S) SIGNATURE(S)

*Notary Public*  
OWNER/BUYER(S) SIGNATURE(S)

Attesting Official Signature  
Subscribed an affirmed before me this 9 day of May 20 17  
My commission expires 12-31-2020

COUNTY CLERK USE ONLY

TYPE APPLICATION	DATE OF ISSUANCE	TITLE #	DECAL #.
------------------	------------------	---------	----------

SIGNATURE & TITLE OF ISSUER Clerk Fee State fee COUNTY DATE  
I certify that the lien indicated to be filed has been noted into the automated system and that a title will be withheld for 30 days, or until financing statement and fees required are received, whichever occurs first.  
Signature Date

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. SHALL BE COMPLETED IN BLUE OR BLACK INK.

**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

**FUEL TYPE**

Gas	G
Diesel	D
Other	O

**TYPE OF TOILETS**

Type	Type	Code
Type 1	Chemical	C
Type 2	Incinerators	I
Type 3	Holding Tank	T

**COUNTY OF RESIDENCE / COUNTY OF DOCKAGE**

4 position alpha code

**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

**PRIMARY USE**

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

**CITIZENSHIP**

United States	US
Canadian	CA
Foreign	FR