

STATE OF DELAWARE BOAT REGISTRATION APPLICATION

- 1) If the boat is new, you must submit the original Certificate of Origin. Certificate of Origin will be kept.
- 2) If the boat is titled in another state the original title must be submitted and will be kept. Seller must complete purchaser information and sign the title. If the boat is not transferred to the new purchaser and the new purchaser sells the vessel, a notarized bill of sale that includes a complete description including the hull identification number, stating that the boat was never registered in their name, must accompany the request for registration.
- 3) If the boat is registered, a notarized bill of sale giving the description of the boat including the hull identification number, and registration certificate is required. If the boat has been sold, but not registered since original owner, a chain of ownership must be established by submitting bills of sale from all sellers.
- 4) The DL# (Delaware number assigned to vessel) is only transferred when the registration certificate is submitted with the registration request.
- 5) If owner is deceased, a copy of the death certificate, short form of the will stating administrator, and if sold, a notarized bill of sale from the estate.
- 6) First time registration on homemade vessel not available through *CorporationsPlus*.
- 7) Assemble the appropriate paperwork as listed above, complete the applications below and submit all to us at 227 Mariners Way, Bear DE 19701 and we will take care of the rest.

• **BOAT REGISTRATIONS ARE EFFECTIVE FROM JANUARY 1 TO DECEMBER 31** •

<u>REGISTRATION FEES:</u>	<u>ANNUAL</u>
CLASS A - LESS THAN 16'	\$85.00
CLASS 1 - 16' OR OVER AND LESS THAN 26'	100.00
CLASS 2 - 26' OR OVER AND LESS THAN 40'	130.00
CLASS 3 - 40' OR OVER AND LESS THAN 65'	175.00
CLASS 4 - 65' OR OVER AND NOT REQUIRED TO BE DOCUMENTED...	215.00

DO NOT MARK IN THIS SPACE. OFFICE USE ONLY. DL #

PLEASE FILL OUT ENTIRE FORM:

STATE OF PRINCIPAL USE _____

HULL IDENTIFICATION NUMBER: _____

HULL:

- 1. WOOD
- 2. METAL
- 3. INFLATABLE
- 4. FIBERGLASS
- 5. OTHER

USE:

- 1. PLEASURE
- 2. DOCUMENTED
- 3. DEALER (FOR DEMO USE)
- 4. COMMERCIAL PASSENGER
- 5. COMMERCIAL FISHING
- 6. COMMERCIAL OTHER
- 7. RENTAL
- 8. EXEMPT

MARINE SANITATION DEVICE:

- 1. TYPE I - NO VISIBLE SOLID WASTE
- 2. TYPE II - SUSPENDED SOLID WASTE
- 3. TYPE III - HOLDING TANK
- 4. PORTABLE - PORTA POTTIE

PROPULSION:

- 1. OUTBOARD
- 2. INBOARD
- 3. STERN
- 5. OTHER

TYPE:

- 1. OPEN
- 2. CABIN
- 3. HOUSE
- 4. OTHER
- 5. AUX - SAIL
- 6. PWC
- 7. PONTOON
- 8. INFLATABLE

FUEL:

- 1. GASOLINE
- 2. DIESEL
- 3. OTHER

MANUFACTURED:

- 1. FACTORY BUILT
- 2. HOMEMADE

LENGTH OF VESSEL _____ FT, _____ IN

MAKE OF VESSEL _____ YEAR BUILT _____

PREVIOUS OWNER (S) _____

NUMBER PREVIOUSLY ISSUED _____

LIENHOLDER _____ INSURANCE CO. _____

OWNER (S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

X _____ X _____

OWNER (S) SIGNATURE (S) IN INK _____

SOCIAL SECURITY # FOR EACH OWNER OR TAX # FOR COMPANIES _____

() _____

DAYTIME TELEPHONE NUMBER _____

Registered Agency Agreement

I, the undersigned, have neither requested nor received legal or tax advice from CorporationsPlus, its agents, or employees. I hereby authorize the registration of the vessel on my behalf.

I understand that the fee charged today is for the filing of the necessary paperwork to obtain boat registry in the State of Delaware, for Registered Agency, and for mail forwarding. I understand that I will get unlimited US First Class Mail forwarded to me at no extra charge for as long as my account is in good standing.

I understand that I will receive an invoice for Registered Agency, Mail Forwarding, and the annual Boat Registration fee for Delaware in January of every year, due and payable by January 31 of each year.

I may cancel this service at any time with written notice. This service is transferable.

_____ SIGNED

_____ PRINTED

_____ DATED

The following address is to be used for mail forwarding:

NAME

ADDRESS

CITY, STATE, ZIP

Contact email:# _____

Contact telephone #: _____

Contact fax #: _____

Optional Credit Card Information

If you would like to use a credit card, please fill out the section below. We accept Visa, MasterCard, Discover, and American Express.

I authorize the charge of \$ _____ to the following credit card:

Number: _____

exp date: _____ cvc/cid number _____

credit card billing address: _____

signature: _____ date: _____

NOTE: Your credit card statement may reflect a charge to **P & P Aviation, Inc.** (our parent company).

ANOTHER NOTE: the cvc/cid number is the three number on signature line on the back of a Visa/Mastercard or the 4 numbers above the credit card number on the front of an Amex card.