



State of Ohio
 Department of Natural Resources
 DIVISION OF WATERCRAFT
 2045 Morse Road, Building A • Columbus, Ohio 43229
 1-877-4BOATER (in Ohio only) • 614-265-6480 • Fax 614-784-5987
 www.ohiodnr.com/watercraft

**CERTIFIED WATERCRAFT REGISTRATION APPLICATION
 WATERCRAFT AFFIDAVIT OF OWNERSHIP**

Print or type only

Section 1 - Information

NEW RENEWAL CHANGE TRANSFER TRANSFER/TIME REMAINING(_____)
EXPIRATION DATE

TEMPORARY (_____) New Transfer
DATE OF SALE

ODNR DIVISION OF WATERCRAFT USE ONLY
 U.S. Documentation No. _____

1. Ohio Watercraft No. OH _____
(IF PREVIOUSLY NUMBERED)

2. Owner Name _____
LAST FIRST MIDDLE INITIAL

Co-Owner Name _____
LAST FIRST MIDDLE INITIAL

3. Home Address _____
City State Zip Code County
 Daytime Phone (____) _____

4. Fuel: Gas Diesel Other

5. Make of Boat _____ Boat Manufacturer's Hull Identification No. _____ Year _____

6. Name of Water Principally Used _____ Length: _____ Feet _____ Inches

7. Type of Boat: Open Cabin House/Pontoon Row Canoe/Kayak Sail Other Personal Watercraft

8. Type of Propulsion: Outboard or Electric Motor Inboard Inboard/Out Drive Jet Air Sail Hand Powered

9. Type of Use: Pleasure Fishing Skiing Racing Rental Commercial Passenger Commercial Fishing Commercial Other

10. Hull Material: Wood Steel Aluminum Plastic Fiberglass Other Inflatable

11. Motor Make _____ HP _____ Motor MFR's Serial No. _____

12. Date of Birth MM / DD / YY _____ Rights of Survivorship: Yes No (If boat not titled and single ownership, do not check.)

13. Driver's License or Other I.D. _____ (Use Tax I.D. for businesses)
STATE ISSUED NUMBER

14. **Boat** Title Number _____ No Title Required

15. I certify the above information is true and accurate:

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

DATE

Section 2 - Watercraft Affidavit of Ownership for Non-titled Boats

Date of Sale _____ How was the above vessel acquired? _____

Previous Owner Name(s) _____

Street Address _____ City _____ State _____ Zip Code _____

I certify the above information is true and accurate:

Sworn to before me and subscribed in my presence

SIGNATURE OF OWNER

this _____ day of _____ MONTH _____ YEAR

SIGNATURE OF CO-OWNER

NOTARY PUBLIC

State of Ohio, County of _____

My commission expires _____

Section 3 - Agent Certification

I certify that I have seen legal proof of ownership and/or documentation herein described in the form of _____
TYPE OF PROOF SEEN

Boat Decal Number _____ (If applicable. No decal number needed for Transfer with Time Remaining)
2-DIGIT EXPIRATION + 6-DIGIT DECAL NUMBER

Boat Number OH _____ (If new.) Fee Amount Received \$ _____ (including writing fee)

DATE SIGNATURE OF REGISTRATION AGENT/CLERK AGENT NO.