THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF LAW ENFORCEMENT
REGISTRATION AND TITLING OFFICE
40 SOUTHBRIDGE STREET 3RD FLOOR
WORCESTER, MASSACHUSETTS 01608

PHONE # 508-753-0603 FAX 508-421-2366

BOAT REGISTRATION # MS _____

BOAT TITLE #_____HULL ID#_____

ATV REGISTRATION#SM_____

SNOWMOBILE REGISTRATION#SM_____

I HEREBY REQUEST THE FOLLOWING CHANGES ARE MADE FOR THE ABOVE LISTED – BOAT/VEHICLE

____MY BOAT/VEHICLE WAS SOLD OR TRADED.

____MY BOAT/VEHICLE HAS BEEN PERMATLY MOVED TO ANOTHER STATE.

____MY BOAT/VEHICLE IS NOW REGISTERED/TITLED IN _____(State).

____MY BOAT/VEHICLE HAS BEEN DESTROYED AND IS NO LONGER USABLE.

____MY BOAT HAS BEEN FEDERALLY DOCUMENTED WITH THE COAST GUARD.

(NOTE: TITLE MUST BE RETURNED WITH THIS REQUEST)

NEW STORAGE LOCATION_____

I/WE HEREBY DELCARE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THAT ALL MATTERS STATED WITHIN ARE TRUE AND CORRECT UNDER THE PAINS AND PENALTIES OF PERJURY.

_____

OWNER NAME CO-OWNER NAME
Please print

_____

OWNER SIGNATURE CO-OWNER SIGNATURE
Please print

FOR DIVISION USE ONLY

FTN_____DATE_____

ENTERED BY_____