



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF MOTOR VEHICLES

23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1



John C. Marasco
Director of Motor Vehicles

BOAT REGISTRATION APPLICATION

BOW NUMBER		PLEASE PRINT OR TYPE CLEARLY. OWNER MUST SIGN THIS CERTIFICATE. DO NOT MAIL CASH. MAKE CHECKS PAYABLE TO "STATE OF NEW HAMPSHIRE - MV."				<input type="checkbox"/> NEW	
PREVIOUS BOW NUMBER						<input type="checkbox"/> RENEWAL	
USE		PRINCIPAL STATE		INLAND	TIDAL	ENGINE	
				<input type="checkbox"/>	<input type="checkbox"/>	SINGLE	TWIN
						<input type="checkbox"/>	<input type="checkbox"/>
MODEL YEAR	MAKE	FUEL	HORSEPOWER	STYLE	PROPULSION	<input type="checkbox"/> SINK/TOILET	
						<input type="checkbox"/> SHOWER/TOILET	
LENGTH (FT-INCH)		COLOR	HULL ID NUMBER		HULL MATERIAL	<input type="checkbox"/> SINK/SHOWER/TOILET	
OWNER NAME(S)				OWNER'S DATE OF BIRTH		"FEID"# / DL# / ID#	
1.				1.		1.	
2.				2.		2.	
3.				3.		3.	
MAILING ADDRESS				LEGAL OR PERMANENT ADDRESS			
1.				1.			
STREET / PO BOX ADDRESS				STREET ADDRESS			
CITY STATE ZIP				CITY STATE ZIP			
2.				2.			
STREET / PO BOX ADDRESS				STREET ADDRESS			
CITY STATE ZIP				CITY STATE ZIP			
3.				3.			
STREET / PO BOX ADDRESS				STREET ADDRESS			
CITY STATE ZIP				CITY STATE ZIP			
OWNER SIGNATURE(S)					DATE:		
1.							
2.							
3.							