

FOR OFFICE USE	DATE	RETURN	RCVD.
	RCVD. _____	CASH \$ _____	DATE _____
CCK\$ _____	CCK# _____	MO\$ _____	MO# _____

MISSISSIPPI BOAT TITLE APPLICATION

 Department of Wildlife, Fisheries, and Parks Boat Registration 1505 Eastover Drive Jackson, MS 39211-6374 601-432-2055 www.mdwfp.com	BOAT REGISTRATION # MI -	TITLE #
	DATE OF ISSUE	PROCESSED BY:

CHECK THE APPLICABLE BOXES

<input type="checkbox"/> 1. New MS Boat Title	\$13.49	<input type="checkbox"/> 4. Corrected Title Only	\$13.49
<input type="checkbox"/> 2. Transfer MS Title	\$13.49	TOTAL AMOUNT REMITTED	\$
<input type="checkbox"/> 3. Duplicate Title	\$13.49	If requesting a duplicate please furnish information concerning the original certificate and the circumstances of its loss, theft, mutilation or destruction.	

MAKE CHECK OR MONEY ORDER PAYABLE TO MISSISSIPPI DEPT. OF WILDLIFE, FISHERIES, AND PARKS

APPLICANT'S NAME (PRINT)	LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MAILING ADDRESS	STREET OR POST OFFICE BOX NUMBER				HOME TELEPHONE NUMBER ()
CITY	STATE	ZIP	COUNTY	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK TELEPHONE NUMBER ()
E-MAIL ADDRESS					
A CO-OWNER (IF APPLICABLE)	LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

DESCRIPTION OF BOAT					
HULL IDENTIFICATION NUMBER				MODEL YEAR	VALUE OF BOAT
MAKE				LENGTH FT	IN

BOAT IS SUBJECT TO THE FOLLOWING LIENS					
FIRST LIEN	BOAT	ADDRESS	CITY, STATE, ZIP	TELEPHONE	NAME AND ADDRESS OF PERSON FROM WHOM BOAT WAS PURCHASED
DATE OF LIEN				\$ AMOUNT OF LIEN	

I CERTIFY THAT I OWN THE ABOVE BOAT AND UNDERSTAND AND AGREE THAT AN EXAMINATION MAY BE MADE OF THE BOAT BY THE STATE OF MISSISSIPPI, DEPARTMENT OF WILDLIFE, FISHERIES AND PARKS.
 STATE OF _____ Appeared before me _____, who first being duly SWORN says that of his or her own personal knowledge all the information given and STATEMENTS made on the application are true and correct and that the watercraft described is subject to no liens or encumbrances except as noted on the application.
 THIS THE _____ DAY OF _____, 20____

APPLICANT'S SIGNATURE	DRIVERS LICENSE NO.	NOTARY'S SIGNATURE	MY COMMISSION EXPIRES
CO-OWNER'S SIGNATURE	DRIVERS LICENSE NO.	DEALER'S SIGNATURE	DEALER PERMIT NUMBER

Mississippi Code Section 97-7-10 states (in Part)... "Whoever makes or uses any false, fictitious, or fraudulent statement or entry, shall, upon conviction be punished by a fine of not more than \$10,000.00 or by imprisonment for not more than 5 years, or by both such fine and imprisonment."