


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

# MISSISSIPPI BOAT TITLE APPLICATION

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

## CHECK THE APPLICABLE BOXES

<input type="checkbox"/> 1. New MS Boat Title	\$12.70	<input type="checkbox"/> 4. Corrected Title Only	\$12.70
<input type="checkbox"/> 2. Transfer MS Title	\$12.70	<b>TOTAL AMOUNT REMITTED</b>	
<input type="checkbox"/> 3. Duplicate Title	\$12.70	\$	
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	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."*

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CCK\$ _____	CCK# _____	MO\$ _____	MO# _____

# MISSISSIPPI MOTOR TITLE APPLICATION

 <b>Department of Wildlife, Fisheries, and Parks</b> <b>Boat Registration</b> 1505 Eastover Drive Jackson, MS 39211-6374 601-432-2055 www.mdwfp.com	BOAT REGISTRATION # (If related)	TITLE #
	DATE OF ISSUE	PROCESSED BY:

## CHECK THE APPLICABLE BOXES

<input type="checkbox"/> 1. New MS Motor Title	\$12.70	<input type="checkbox"/> 4. Corrected Title Only	\$12.70
<input type="checkbox"/> 2. Transfer MS Title	\$12.70	<b>TOTAL AMOUNT REMITTED</b>	
<input type="checkbox"/> 3. Duplicate Title	\$12.70	\$	
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
	STREET OR POST OFFICE BOX NUMBER				HOME TELEPHONE NUMBER ( )
MAILING ADDRESS	CITY	STATE	ZIP	COUNTY	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL ADDRESS					WORK TELEPHONE NUMBER ( )

A CO-OWNER (IF APPLICABLE)	LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	DESCRIPTION OF OUTBOARD MOTOR	MANUFACTURER		HORSEPOWER	
MODEL YEAR	SERIAL #		VALUE OF MOTOR		

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

I CERTIFY THAT I OWN THE ABOVE MOTOR AND UNDERSTAND AND AGREE THAT AN EXAMINATION MAY BE MADE OF THE MOTOR 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 motor 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."*