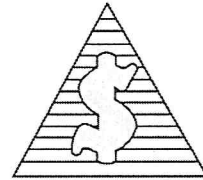


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(410) 268-1545
Fax (410) 268-3755
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VESSEL DOCUMENTATION AND/OR STATE TITLE INFORMATION REQUEST FORM

- Coast Guard Documentation
State Title & Registration

Official Number Or State Registration #:
Hull #: Length:
Year: Make/Model:
Engine Make: Engine HP Engine Serial Numbers
Mooring Location: Mooring City & State:
Name of Vessel: Changing To:
Hailing Port: Changing To:

- Power Sail
Gas Diesel

Closing Date: US CITIZEN: Yes No
OWNERSHIP: (CHECK ONE) INDIVIDUAL TRUST: LLC:
Buyer(s) Name: SSN#:
Address:
City, State & Zip:
Phone: Fax:
Cell Phone: Email:
Lender (if applicable): Amount Financed:
Contact Person: Phone #:

Broker: Contact:
Phone: Fax:
Cell Phone: E-mail:

Seller(s) Name:
Address: City, State, Zip Code:
Phone: Fax:
Cell Phone: E-mail:
Payoff Bank: Account Number:
Contact: Phone #:

\*\*BUILDER'S CERTIFICATE, CERTIFICATE OF DOCUMENTATION, OR STATE TITLE / REGISTRATION IS REQUIRED\*\*
\*\*OWNERSHIP IN THE NAME OF A TRUST OR LLC REQUIRES ALL SUPPORTING DOCUMENTS\*\*

Blank lines for additional information or notes.