



↑ THIS AREA FOR OFFICE USE ONLY ↑

<input type="checkbox"/> NEW See other side for fee and enter amount → \$ _____	<input type="checkbox"/> TRANSFER RENEWAL See other side for fee and enter amount → \$ _____	<input type="checkbox"/> RENEWAL See other side for fee and enter amount → \$ _____	<b>RENEW BY PHONE OR INTERNET SEE OTHER SIDE</b>	<input type="checkbox"/> UNITED STATES COAST GUARD DOCUMENTED See other side for USCG fee and enter amount → \$ _____			
<input type="checkbox"/> DEALER OR MANUFACTURER \$10 (NO TITLE)	<input type="checkbox"/> DUPLICATE TITLE \$5 (COMPLETE A, B, E & F)	CORRECTED TITLE <input type="checkbox"/> \$5	TITLE SEARCH <input type="checkbox"/> \$5	DUPLICATE REGISTRATION CARD <input type="checkbox"/> \$5	CORRECTED REGISTRATION CARD <input type="checkbox"/> \$5	DUPLICATE DECALS (2) <input type="checkbox"/> \$5	ENTER DOCUMENTATION NUMBER HERE → _____

<b>A</b> ILLINOIS REGISTRATION NUMBER (enter NONE if none) → <b>I L</b>	OTHER STATE REGISTRATION NUMBER → _____	CURRENT REGISTRATION EXPIRES <b>6 - 30 -</b>
MANUFACTURER NAME _____	MODEL NAME _____	
<b>HULL IDENTIFICATION NUMBER * SEE OTHER SIDE FOR FORMAT *</b>		
LENGTH-FEET ONLY _____	MODEL YEAR _____	PURCHASE DATE MO. _____ DAY _____ YEAR _____

<b>INSERT CODE NUMBER</b> ↙	<b>HULL MATERIAL (PRIMARY)</b>	<b>WATERCRAFT TYPE</b>	<b>USE</b>	<b>PROPULSION</b>	<b>FUEL</b>	<b>HORSEPOWER</b>	<b>WATERCRAFT COLORS - SEE OTHER SIDE FOR COLOR CODES</b>
	1 WOOD 2 STEEL 3 ALUMINUM 4 FIBERGLASS 5 OTHER 6 INFLATABLE	1 OPEN 2 CABIN 3 HOUSEBOAT 4 SAILBOAT 5 PONTOON 6 CANOE/ KAYAK 7 OTHER	1 PLEASURE 2 BOAT DEALER 3 RENTAL 4 MANUFACTURER 5 OTHER	1 OUTBOARD 2 INBOARD 3 I/O 4 SAIL 5 OTHER	1 GAS 2 DIESEL 3 OTHER	_____	(1) _____ (2) _____

YES  THE OWNERS SHOWN BELOW WISH TO BE RECORDED AS OWNERS IN JOINT TENANCY WITH RIGHT OF SURVIVORSHIP  
NO

OWNER SOCIAL SECURITY NUMBER (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.

<b>B</b> OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL (1) _____	SEX M F	DATE OF BIRTH MO. DAY YEAR
OWNER LAST NAME, FIRST NAME, MIDDLE INITIAL (2) _____	SEX M F	DATE OF BIRTH MO. DAY YEAR
ADDRESS _____	CITY _____	STATE _____
LIENHOLDER NAME (enter NONE if none) _____	COUNTY OF RESIDENCE _____	ZIP CODE _____ - _____

STREET ADDRESS _____	SECURITY AGMT. DATE MO. DAY YEAR
CITY _____	STATE _____
ZIP CODE _____ - _____	

PURCHASED FROM _____	STREET ADDRESS _____
CITY _____	COUNTY _____
STATE _____	ZIP CODE _____ - _____

SIGNATURE(S) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
THE SELLER HEREBY TRANSFERS INTEREST IN THE ABOVE DESCRIBED WATERCRAFT TO THE NEW OWNER(S).  
SIGNATURE OF PREVIOUS OWNER NOT REQUIRED WHEN TITLE IS PROPERLY ENDORSED AND SURRENDERED WITH THIS APPLICATION.

**E** SIGNATURE(S) (1) \_\_\_\_\_ (2) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

By signature above, I hereby declare under penalty of perjury that the information provided is true and correct and I am not more than 30 days delinquent in complying with a child support order. Making a false statement may subject you to contempt of court. YOUR SIGNATURE AUTHORIZES THE DEPT. OF NATURAL RESOURCES TO LOWER THE AMOUNT OF YOUR CHECK IF FEE SUBMITTED IS GREATER THAN THE REQUIRED FEE.

**F** STATE REASON(S) FOR TITLE SEARCH OR NEED FOR DUPLICATE OR CORRECTED TITLE \_\_\_\_\_

PLEASE GIVE US A PHONE NUMBER where you may be reached on weekdays.  
Phone \_\_\_\_\_ (area code) \_\_\_\_\_ (number)

SEND THIS COPY TO DEPARTMENT OF NATURAL RESOURCES