

## ARIZONA GAME AND FISH DEPARTMENT 5000 W CAREFREE HIGHWAY PHOENIX ARIZONA 85086

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## APPLICATION FOR ARIZONA WATERCRAFT CERTIFICATE OF NUMBER

TRAN CODE	AZ. NO.	DECAL NO.						
	A	BOVE FOR DEPARTMENT USE ONLY						
PLEASE PRINT OR TYPE WITH BLACK INK MARK AN "X" IN <b>ONE</b> BOX FOR <b>EACH</b> CATEGORY								
DC DA CC CA HB HO PB PO	NABOUT (SKI & BASS) Y CRUISER BIN CRUISER USEBOAT NTOON BOAT ILBOAT	***** BOAT TYPE **************************  UT UTILITY CN CANOE IN INFLATABLE PW PERSONAL WATERCRAFT OT OTHER	******** PROPULSION TYPE ******  OU OUTBOARD  OJ OUTBOARD – JET  IN INBOARD (I-O)  IJ INBOARD – JET  EL ELECTRIC  SO SAIL AUXILIARY - OUTBOARD  SI SAIL AUXILIARY – INBOARD					
LENGTH	FT.	IN. MANUFACTURER						
YEAR BUILT (		HULL ID NUMBER						
MODEL YEAR	* HULL MATERIAL *****	** ***********************************	******* USER ******					
WD FI ME IN OT REGISTRATI	WOOD FIBERGLASS METAL INFLATABLES OTHER ON FEE \$	GA GASOLINE DI DIESEL OT OTHER	RP RESIDENT - PLEASURE NP NON-RESIDENT - PLEASURE LI LIVERY CO COMMERCIAL CF COMMERCIAL FISHING CP COMMERCIAL PASSENGER GO GOVERNMENT					
TRANSF	ER FEE \$	TOTAL FEES \$						
OWNER'S NA	ME – LAST	FIRST	MI DATE OF BIRTH – MO – DAY - YEAR					
MAILING ADDRESS								
JOINT OWNER	STREET ADDRESS, P.O. BO RSHIP – IF WATERCRAFT IS	OX OR BOX NUMBER CITY  S OWNED BY MORE THAN ONE PERSON – SEE REVERSE BEF	STATE ZIP  ORE CIRCLING. JS CODE – FOR DEPARTMENT USE					
Α	ND/OR	AND OR						
CO-OWNER'S NAME – LAST FIRST			MI DATE OF BIRTH – MO – DAY - YEAR					
MAILING ADDRESS								
	STREET ADDRESS, P.O. BO	X OR BOX NUMBER CITY OWNER'S HOME PHONE #	STATE ZIP					
OWNER'S DA	YTIME PHONE #	THE WATERCRAFT WILL BE USED MOST IN						
CO-OWNER'S	DAYTIME PHONE #	( ) CO-OWNER'S HOME PHONE #	ARIZONA OR MEXICO YES NO PREVIOUS WATERCRAFT# BY STATE OF					
( )								
I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION ON THIS FORM CONSTITUTES A CLASS 6 FELONY PURSUANT TO A.R.S §§ 13-2407 AND 13-2704								
SIGNATURE C	F OWNER		DATE					
SIGNATURE C								
	F CO-OWNER		DATE					



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## JOINT OWNERSHIP DESIGNATIONS

Pursuant to R12-4-502 (A) (11), application for registration of a watercraft with more than one owner must be indicated by one of the following methods, and the Department shall record and transfer registrations as prescribed:

- a. The use of "and/or" between the names of individuals shall require the signatures of both parties if both are living. Upon legal proof of the death of either party, the Department shall transfer registration upon the signature of the living party.
- b. The use of "and" between the names of individuals shall require the signatures of both parties. In the event of the death of either party the interest of the deceased party shall be handled through probate proceedings.
- c. The use of "or" between the names of individuals shall express to the Department the intent that either of the owners have full authority to transfer registration of the watercraft.

registration of the watererart.								
"OR" STATEMENT								
Owners who have designated ownership as "OR" on page 1 (the reverse) of this application are asked to sign this statement.								
The undersigned affirm that the watercraft described on the reverse of this form is not property held as tenants in common, and not as community property, but as joint tenants with the right of survivorship, and furthermore both of us empower and authorize each other as their attorney in fact to assign ownership of this watercraft by his or her signature alone, and therefore the watercraft may be transferred, sold or otherwise encumbered in the same manner as though all joint owners had acted and signed.								
Signature								
Signature								
Towing Company Certification Statement For Transfer of Ownership								
I hereby certify that as of the date of this application, the watercraft is in the possession of the towing company and no person has presented proof of ownership or proof of interest in the watercraft and entered into an agreement for the release or return of the watercraft. I understand that any falsification of information on this form constitutes a Class 6 Felony Pursuant to A.R.S.§ 13-2407 and §13-2704.								
Signature of Authorized Towing Company Representative								
CONTINUATION OF OWNERS								
CO-OWNER'S NAME – LAST		FIRST	MI	DATE OF BIRTH MO DAY YR				
STREET ADDRESS OR P.O. BOX NUMBER								
CITY	STATE	ZIP	SIGNATURE					
CO-OWNER'S NAME – LAST		FIRST	MI	DATE OF BIRTH MO DAY YR				
STREET ADDRESS OR P.O. BOX NUMBER								
CITY	STATE	ZIP	SIGNATURE					
CO-OWNER'S NAME – LAST		FIRST	MI	DATE OF BIRTH  MO DAY YR				
STREET ADDRESS OR P.O. BOX NUMBER								
CITY	STATE	ZIP	SIGNATURE					
CO-OWNER'S NAME – LAST	•	FIRST	MI	DATE OF BIRTH  MO DAY YR				
STREET ADDRESS OR P.O. BOX NUMBER								
CITY	STATE	ZIP	SIGNATURE					