



APPLICATION FOR FLOATING HOME OR BOATHOUSE
Oregon State Marine Board PO Box 14145 Salem OR 97309 503-378-8587

REGISTRATION NO.	TITLE NO.	TITLE FEE: \$20.00 (To avoid a \$25 late penalty, submit documents to our office no more than 30 days from release of interest from the prior owner.)
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PLEASE CHECK ONE: FLOATING HOME BOATHOUSE COMBINATION

OWNER INFORMATION
(Please print or type)

REGISTERED OWNER (PRINT FULL LEGAL NAME)	DATE OF BIRTH
CO-OWNER (PRINT FULL LEGAL NAME)	DATE OF BIRTH
MAILING ADDRESS	COUNTY
CITY/STATE/ZIP	PHONE NO.
SURVIVORSHIP: (MUST BE COMPLETED): (1) JOINT OWNERS AGREE THAT TITLE WILL BE ISSUED WITH JOINT OWNERSHIP WITH RIGHT OF SURVIVORSHIP (2) JOINT OWNERS AGREE THAT TITLE WILL BE ISSUED AS JOINT SECURITY INTEREST WITH RIGHT OF SURVIVORSHIP.	
	___ YES ___ NO ___ YES ___ NO

PRIMARY SECURITY INTEREST HOLDER NAME/ADDRESS	CITY/STATE/ZIP
SECONDARY SECURITY INTEREST HOLDER NAME/ADDRESS	CITY/STATE/ZIP

STRUCTURE DESCRIPTION AND LOCATION

MOORAGE NAME:	LENGTH:	WIDTH:
MOORAGE ADDRESS:	NUMBER OF STORIES: <input type="checkbox"/> ONE <input type="checkbox"/> TWO	
SLIP NUMBER	EXTERIOR: <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD	
CITY:	EXTERIOR OTHER (specify):	
STATE:	NUMBER OF ROOMS: BEDROOM(S)	
WATERWAY:	LIVING RM	KITCHEN
COUNTY:	OTHER ROOMS (specify):	

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION GIVEN BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant(s)

Date