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.)

PLEASE CHECK ONE: ☐ FLOATING HOME ☐ BOATHOUSE ☐ COMBINATION

OWNER INFROMATION
(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	___ YES ___ NO
(2) JOINT OWNERS AGREE THAT TITLE WILL BE ISSUED AS JOINT SECURITY INTEREST WITH RIGHT OF SURVIVORSHIP.	___ 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: APPROX YR BUILT:
MOORAGE ADDRESS:	NUMBER OF STORIES: ❑ ONE ❑ TWO
SLIP NUMBER	EXTERIOR: ❑ ALUMINUM ❑ STEEL ❑ WOOD
CITY:	EXTERIOR OTHER (specify):
STATE:	NUMBER OF ROOMS: BEDROOM(S)
WATERWAY:	BOAT WELL 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