

Application to register or change the registration details of a pleasure craft

Please complete in **BLOCK CAPITALS** and in black ink.

Please note: No change of ownership will be accepted or completed until any outstanding dues and/or fees are paid in full. Photo ID (Passport or Driving Licence), proof of address (e.g. utility bill/statement) and proof of purchase/bill of sale are required for all ownership changes. Vessel owners must advise the Ports Division of any change to the vessel details provided on this form, e.g. vessel colour, change of location, slipway use etc.

Send completed form to:	Ports Division	Customer No.	<input type="text" value="SA"/>
	Department of Infrastructure	Registration No.	<input type="text"/>
	Sea Terminal Building	SSR No. (if applicable)	<input type="text"/>
	Douglas		
	IM1 2RF		

Details of Vessel (please indicate which details are being entered)

New craft details	<input type="checkbox"/>	Change to existing craft details	<input type="checkbox"/>	Other	<input type="checkbox"/>
Vessel name	<input type="text"/>				
Overall length	<input type="text" value=""/> m	Overall breadth	<input type="text" value=""/> m	Draught	<input type="text" value=""/> m
Category: (tick box)	Sailing yacht <input type="checkbox"/>	Motor Launch <input type="checkbox"/>	Motor Sailer <input type="checkbox"/>	Dinghy <input type="checkbox"/>	
	Jet Ski <input type="checkbox"/>	RIB <input type="checkbox"/>	Multi Hull <input type="checkbox"/>	(Number of hulls)	<input type="text" value=""/>
Class type (if any)	<input type="text"/>				
Hull colour	<input type="text"/>	Cabin colour	<input type="text"/>	Horsepower	<input type="text"/>
Construction: (tick box)	GRP <input type="checkbox"/>	Wood <input type="checkbox"/>	Steel <input type="checkbox"/>	Aluminium	<input type="checkbox"/>
	Rubber <input type="checkbox"/>	Other	<input type="text"/>		
Vessel location: (tick box)	In Harbour <input type="checkbox"/>	Harbour:	<input type="text"/>		
	Other e.g. Boat Park <input type="checkbox"/>	Location:	<input type="text"/>		
		Launched by Slipway (if not kept in harbour):	<input type="text" value="Yes / No"/>		

Details of NEW owner

Mr/Mrs/Miss/Ms etc.	<input type="text"/>	Surname	<input type="text"/>		
First name(s)	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text" value=""/> Postcode				
Telephone numbers	Home <input type="text"/>	Work <input type="text"/>	Mobile	<input type="text"/>	
Email address	<input type="text"/>				

Details of Joint owner

Mr/Mrs/Miss/Ms/etc.	<input type="text"/>	Surname	<input type="text"/>			
First name(s)	<input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					
	Postcode					
Telephone numbers	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>					

Details of change of address

Mr/Mrs/Miss/Ms/etc.	<input type="text"/>	Surname	<input type="text"/>			
First name(s)	<input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					
	Postcode					
Telephone numbers	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>					

Details of previous owner

Mr/Mrs/Miss/Ms/etc.	<input type="text"/>	Surname	<input type="text"/>			
First name(s)	<input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					
	Postcode					
Telephone numbers	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>					

Declaration

I hereby certify that the information I have given on this form is true to the best of my knowledge and belief. I confirm that I will inform the Ports Division of any change to the details I have provided on this form.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	New / Existing / Previous / Joint Owner	<input type="text"/>		
		Other (please state)	<input type="text"/>		

I hereby certify that the information I have given on this form is true to the best of my knowledge and belief. I confirm that I will inform the Ports Division of any change to the details I have provided on this form.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	Joint Owner	<input type="text"/>		

For Ports Division use only

Date received	Photo ID	Proof of Address	Manx Resident	Proof of purchase	Outstanding Fees
	Passport / Driving Lic	Utility / Stment / Letter	Y / N	Y / N	Y / N
Received by	Date processed	Processed by	Date RPC13 issued	Comments	