



**RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462 Room 360

**DUPLICATE TITLE APPLICATION**

(Please print or type requested information)

Applicant # \_\_\_\_\_ (office use only)

Tin # \_\_\_\_\_ (office use only)

Name(s) of Owner(s) \_\_\_\_\_  
List name(s) to appear on title. Last name(s) first. See Item #1 on reverse side for co-owner's signature information. **(PLEASE PRINT)**

Resident Address \_\_\_\_\_  
Number & Street City State Zip

Co-Owner's Address \_\_\_\_\_  
Number & Street City State Zip

R.I. Reg. No. \_\_\_\_\_ Name of Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model Yr. \_\_\_\_\_

Hull Identification Number \_\_\_\_\_ (required for all manufactured vessels) Length of Vessel \_\_\_\_ Ft. \_\_\_\_ In.

**Please Indicate Number in Box**

Hull Material	Propulsion	Use of Vessel	Fuel
<input type="checkbox"/> 1. Fiberglass <input type="checkbox"/> 2. Wood <input type="checkbox"/> 3. Steel <input type="checkbox"/> 4. Inflatable <input type="checkbox"/> 5. Other <input type="checkbox"/> 6. Aluminum	<input type="checkbox"/> 1. Inboard <input type="checkbox"/> 2. Outboard <input type="checkbox"/> 3. I/O <input type="checkbox"/> 4. Sail Only <input type="checkbox"/> 5. Sail Inboard <input type="checkbox"/> 6. Sail Outboard	<input type="checkbox"/> 1. Pleasure <input type="checkbox"/> 2. Dealer <input type="checkbox"/> 3. Manufacturer <input type="checkbox"/> 4. Govt. <input type="checkbox"/> 5. Other <input type="checkbox"/> 6. Com Fish	<input type="checkbox"/> 1. Gas <input type="checkbox"/> 2. Elect <input type="checkbox"/> 3. Diesel <input type="checkbox"/> 4. Other
	7. Air Thrust 8. Manuel 9. Propellar 10 Water Jet 11. Pod Drive 12 STERN DRIVE 13 Other	7. Com Pass 8. Other Com 9. Rent/Lease	

**APPLICATION WILL NOT BE ACCEPTED UNLESS THE FOLLOWING LIEN STATEMENTS ARE COMPLETED**

**I (We) certify that all liens on this vessel are listed below: Note Write word "None" if none exists.**

Lien Holder's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Lien \_\_\_\_\_ \$ Amount of Lien \_\_\_\_\_

If additional liens exist, attach a listing of the liens to this application. Give all information requested under this section  
\*If a lien exists against this vessel, the issued title will be mailed to the lien holder to be held until lien is satisfied.

I DECLARE THAT SAID TITLE HAS BEEN:	(PLEASE CHECK ONE OF THE BELOW)
( ) LOST	( ) DESTROYED
	( ) MUTILATED BEYOND RECOGNITION

EXPLAIN CIRCUMSTANCES \_\_\_\_\_

**\*\*If additional information is needed please provide us with one of the following:**

Phone # \_\_\_\_\_ Or Email address \_\_\_\_\_

**I, the undersigned, hereby make application to register the above vessel and as part of my application, declare that I am the owner and I have verified all information including the vessel hull identification number (HIN). I declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.**

Signature of Owner \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Co-Owner \_\_\_\_\_ Date of Birth \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me \_\_\_\_\_ 20\_\_\_\_

11-18-1. Giving false document to agent, employee, or public official.—No person shall knowingly give to any agent, employee, or servant in public or private employ, or public official any receipt, account, or other document in respect of which the principal, master, or employer, or state, city, or town of which he is an official is interested, which contains any statement which is false or erroneous, or defective in any important particular, and which, to his knowledge, is intended to mislead the principal, master, employer, or state, city, or town of which he is an official. Any person who violates any of the provisions of this section shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be imprisoned, with or without hard labor, for a term not exceeding one(1) year, or be fined not exceeding one thousand dollars(\$1,000).

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address below  
**Mail to: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908**



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## **APPLICATION FOR DUPLICATE VESSEL CERTIFICATE OF TITLE**

**Use:** Application for Duplicate Vessel Certificate of Title is a generic form that is to be used by the owner(s) of any boat that is not USCG Documented and has been titled in the state of Rhode Island. This application is to be completed by the vessel owner(s) reflecting all owner(s) & lien holders and other information as requested on the face of this application. This application is to be filed with the State of RI DEM Office of Boat Registration & Licensing 235 Promenade St. Providence, RI 02908.

### **Fees:**

- \$15.00 Filing Fee - To be added to title fee if boat has a bank loan
- **\$5.00 Duplicate Fee – To issue a duplicate or corrected title**
- \$5.00 Transfer Fee – RI titled boats only

### **Cautions:**

1. When the ownership of a vessel is listed in more than one name, each owner must sign and have signature(s) notarized on the application.
2. Ensure all spaces are completed in full and all information is legible.
3. Ensure lien information on face of application is complete with name & address of lien holder, date and amount of lien. Whether or not boat has a loan, please complete this space. If boat has no loan, please write the word “NONE” in the lien space. Please do not leave this space blank. Applications will not be accepted unless the lien space on the face of the application is completed. If lien has been paid off please submit a copy of the Release of Lien Letter along with this application for a duplicate.
4. Ensure that application is properly signed & notarized.