Reset Form

APPLICATION FOR MUNICIPAL CORPORATION AND LAW ENFORCEMENT WATERCRAFT REGISTRATION

State Form 35913 (R9 / 4-15)
Indiana Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES
Municipal Processing
100 North Senate Avenue
Room N415
Indianapolis, IN 46204

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *Complete all information in sections 1, 2, 3, and 4, as applicable, and mail to the address listed above.*
3. *The application must be accompanied by a copy of proof of ownership (i.e., Certificate of Origin, Certificate of Title, or Bill of Sale).*
4. *Indicate in Section 3 which of the municipal classifications applies to the entity named on this application. The entity must submit the requested documentation or proof that the entity meets the indicated classification.*

SECTION 1. APPLICANT INFORMATION

Name of Owner				Federal Identification Number
Street Address of Entity *(number and street)*				
City	State **IN**	ZIP Code	County	Township
Mailing Address *(if different from street address)*	City		State **IN**	ZIP Code
Name and Title of Entity's Executive Officer	Telephone Number ( )			

SECTION 2. WATERCRAFT INFORMATION

(Attach additional forms for multiple watercraft registrations.)

Hull Identification Number (HIN) *(please enter in spaces below)*												**Registration Number**

Year	Make	Model Name and/or Number	Length *(feet and inches)*	Horsepower *(if applicable)*

Check Appropriate Box

Hull Material
- ☐ Aluminum
- ☐ Wood
- ☐ Fiberglass
- ☐ Plastic
- ☐ Steel
- ☐ Other

Boat Type
- ☐ Runabout
- ☐ Airboat
- ☐ Hydrofoil
- ☐ Sailboat
- ☐ Commercial
- ☐ Hydroplane
- ☐ Pontoon
- ☐ Cruiser
- ☐ Jet-Ski
- ☐ Houseboat
- ☐ Hovercraft
- ☐ Utility
- ☐ Yacht
- ☐ Amphibious
- ☐ Other

Propulsion
- ☐ Outboard
- ☐ Auxiliary Sail
- ☐ Inboard
- ☐ Water Jet
- ☐ Sail
- ☐ Manual
- ☐ Other

Fuel

Gasoline	**Diesel**	**Other**
☐	☐	☐

Application For (*check one*)
☐ New Watercraft Registration ☐ Duplicate Watercraft Registration ☐ Replacement Watercraft Decals

Purchase Date *(mm/dd/yyyy) (required for new watercraft registration)*

Description of Watercraft Official Business Usage

Situs Address *(the address where the watercraft is or will be located as of March 1)*

Street Address *(number and street)*				
City	State **IN**	ZIP Code	County	Township

SECTION 3. ENTITY CLASSIFICATION

Please check one (1):

1. **The State of Indiana**

_____ a) a state agency,

_____ b) a state university, or

_____ c) other state entity

2. **A municipal corporation** (as defined in IC 36-1-2-10) "*Municipal corporation" means any of the following:*

_____ a) a county, city, town, or township,

_____ b) school corporation *(Must be listed as a school corporation with the Indiana Department of Education),*

_____ c) library district *(Must be listed as a library with the Indiana State Library),*

_____ d) local housing authority *(Must provide a certified copy of the ordinance(s) that establishes the authority),*

_____ e) fire protection district *(Must be listed with the Indiana State Fire Marshall or Indiana Department of Homeland Security),*

_____ f) public transportation corporation *(Must provide a certified copy of the ordinance(s) that establishes the corporation),*

_____ g) local building authority *(Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),*

_____ h) local hospital authority or corporation *(Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),*

_____ i) local airport authority *(Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),*

_____ j) special service district *(Must provide a certified copy of the resolution or ordinance(s) that establishes the district),*

_____ k) other separate local governmental entity that may sue and be sued *(Must provide a certified copy of the statute, ordinance or resolution that establishes the entity).*

3._____ **A volunteer fire department (as defined in IC 36-8-12-2)** *(Must be listed with the Indiana State Fire Marshall or Department of Homeland Security and provide a copy of the contract or resolution to provide firefighting services for a county, city, town, or township.)*

4._____ **A volunteer emergency ambulance service that meets the requirements of IC 16-31 and has only members that serve for no compensation or a nominal annual compensation of not more than $3,500.00.** *(Must be registered as a Volunteer Emergency Ambulance Service with the Indiana Emergency Medical Services and provide an official letter from the Indiana Emergency Medical Services Commission.)*

5._____ **A rehabilitation center funded under IC 12-12** *(Must be listed as rehabilitation center with the Indiana Rehabilitation Bureau and provide a letter from the Indiana Rehabilitation Bureau of the FSSA.)*

6._____ **A community action agency (IC 12-14-23)** *(Must be designated by the Governor or under Federal law as a community action agency.)*

7._____ **An area agency of aging and the aged (IC 12-10-1-6) and a county council on aging that is funded through an area agency** *(Must provide a copy of the contract with the Bureau of Aging and In-Home Services.)*

8._____ **A community mental health center (IC 12-29-2)** *(Must provide a copy of the Division of Mental Health and Addiction's certificate to operate in Indiana as a community mental health center.)*

For Law Enforcement Watercraft (only available to these entities pursuant to IC 9-18-3-6): *(Must provide official identification showing the representative is employed with the entity.)*

_____ a) The Indiana State Police Department

_____ b) The Indiana Department of Natural Resources

_____ c) A county police department

_____ d) A city or town police department

SECTION 4. AFFIRMATION AND SIGNATURE

The authorized representative submitting this application swears or affirms under penalty of perjury that the information provided in this application is true and correct, that the entity for which this application is made owns or leases the above listed watercraft and uses it for official business pursuant to IC 9-18-3-1.

Signature of Authorized Representative	Printed Name of Representative	Date *(mm/dd/yyyy)*

Title of Representative	Telephone Number of Representative ( )