



ANN H. THOMAS
Commissioner of the Revenue
COUNTY OF YORK, VIRGINIA

Post Office Box 190
Yorktown, Virginia 23690-0190
(757) 890-3381

REGISTRATION APPLICATION FOR A BOAT

Form may be mailed or submitted through the document portal (see page 2)

**Required Fields-registration cannot be accepted unless areas are complete*

TAXPAYER INFORMATION

Owner 1:

*Last Name: _____ *First Name: _____ Middle Initial: ____ Suffix: ____

Owner 2: (Required if more than one owner)

Last Name: _____ First Name: _____ Middle Initial: ____ Suffix: ____

*Mailing Address: _____ *City: _____ *State: ____ *Zip: _____

*Street Address: _____ *City: _____ *State: ____ *Zip Code: _____

BOAT INFORMATION

*Year: _____ *Make: _____ Model: _____ Boat Length (feet/inch): _____

*Hull ID Number: _____ Is boat over 5 tons? Yes No

State Registered In: _____ State ID Number: _____

Purchase Date: _____ Purchase Price: \$ _____

Hull Material (select one): Fiberglass Metal Inflatable Wood

Propulsion (select one): Outboard Inboard/Outboard Inboard Jet Ski

Manual Sail Sail Inboard Sail Outboard

MOTOR INFORMATION

Motor #1:

Motor #2:

*Year: _____ *Make: _____ Year: _____ Make: _____

*Horsepower: ____ Motor ID #: _____ Horsepower: ____ Motor ID #: _____

Date boat moved into York County (*if not same as purchase date*): _____

Locality/State boat moved from: _____

Provide Marina or physical address if different from mailing address: _____



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ACTIVE DUTY MILITARY INFORMATION

IMPORTANT: Exemption DOES NOT apply if property is owned jointly with dependent(s), other co-owner(s), or if property IS NOT in York County pursuant to Military Orders.

Documentation requested in "red" may be submitted by mail or through the document portal

*Is a registered owner of this vehicle active duty military?

Owner 1: ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required) ▪ No
Owner 2: ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required) ▪ No

If jointly registered with a legal spouse that is not active duty military, complete the following:

Legal Spouse's Name: _____ (a copy of the front and back of spouse's military ID required)

Spouse's Legal State of Residence or Domicile: _____ (Example: driver's license, property tax bill or current voter registration card from the domicile state)

*Does Spouse reside in York County, VA ONLY pursuant to military orders of above listed active duty non-resident spouse?

▪ Yes ▪ No

*Daytime Phone Number: _____ *Email Address: _____

Declaration: I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. ***This registration cannot be accepted unless you initial or sign below.***

(If submitting by the DOCUMENT PORTAL, this form must be initialed, which will be the equivalent of your signature)

*Owner 1 Initials: _____ Owner 2 Initials (If co-owned): _____ *Date: _____

(If submitting by MAIL, this form must be signed)

Owner 1 Signature: _____ Owner 2 Signature: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)

To submit this form through the document portal, please save your completed form and upload it [here](#).