

WATERCRAFT BILL OF SALE



Arizona Game and Fish Department ♦ 5000 W. Carefree Hwy. ♦ Phoenix, AZ 85086 ♦ 602-942-3000

Note: All information marked with an asterisk (*) must be provided for watercraft registration to be transferred.

Transfer of ownership of the watercraft designated below occurred on _____ Date

F R O M	*Seller's Name:		
	Address:		
	City, State, Zip:		
T O	*Buyer's Name:		
	Address:		
	City, State, Zip:		
W A T E R C R A F T	*Manufacturer (if known):		
	*Hull Identification Number:		
	Registration Number:		Issued By State of:
	Year Built:	Length:	Feet Inches
	*Purchase Price (when applicable):		
	*Sales Tax Paid (when applicable):		

Signature of Seller/Sellers

Date

LIENHOLDER NOTIFICATION FORM



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TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Watercraft Make: _____ HIN: _____

Phone Number: _____ Date: _____

The above listed applicant has attempted to register a watercraft, in Arizona, on which you are a lien holder. To accomplish this we need your assistance. Please sign this form and include the title or a copy of the title you are holding. Return both documents to your client to submit with their application.

TO BE COMPLETED BY LIENHOLDER

Lienholder: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Coast Guard law requires watercraft to be registered in the state of principal operation.

Arizona is not a title state. No lien holder will be shown on the registration. To perfect a lien in Arizona you may file a UCC-1 Form with the Arizona Secretary of State.

I, _____, _____, representing
Name Title
_____, the lienholder on the above referenced watercraft
Company or Business

at this time, am submitting the title (or copy of the title) for Arizona registration.

Signature _____ Date _____

State of: _____ County of: _____

On this _____ day of _____ 20 _____

← Place notary stamp here

Subscribed and sworn to before me, _____
Signature of Notary Public

For AGFD use only: State: _____
Contact name: _____
AGFD OPM: _____