

SIGNATURE OF CO-OWNER (REQUIRED)

BFWC_Form 1532_11/27/13

Arizona Game and Fish Department 5000 W. Carefree Highway • Phoenix, AZ 85086 (602) 942-3000 • www.azgfd.gov

	D A DIZONA MATA		CATE OF NUMBER
DEPARTMENT USE ONLY TRAN CODE	I certify that I am nonresident Arizona per A.R.S. of form for definit	a resident of the state of § 5-301 (see back	CATE OF NUMBER
	APPLICANT SIGNATUR	E (REQUIRED)	
Please print or type with black ink. Mark	an "X" on appropriate line fo	or EACH category.	
BOAT TYPE		PROPULSION TYPE	ENGINE DRIVE TYPE
OM Open Motorboat PB AB Air Boat AS CM Cabin Motorboat IN HB Houseboat PW OT Other	Auxiliary Sail Inflatable	AT Air Thrust PR Propeller WJ Water Jet OT Other	IN Inboard OU Outboard PD Pod Drive SD Stern Drive OT Other
Length FT. IN. N	Manufacturer and Model:		
	Hull ID number		
HULL MATERIAL	FUEL	PRI	MARY OPERATION
WD Wood PL Plastic FI Fiberglass AL Aluminum ST Steel OT Other RV Rubber/Vinyl/Canvas	GA Gasoline DI Diesel EL Electric OT Other	LI Rent/Livery LE Lease	rasure CO Commercial Other t Pleasure CF Commercial Fishing CP Commercial Passenger DL Dealer/Manu Demo ing GO Government
REGISTRATION FEE NON-	RESIDENT INFRASTRUCTURE	FEE TRANSFE	R FEE TOTAL
OWNER'S NAME: LAST	FIRST	MI	DATE OF BIRTH (MO-DY-YR)
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER, CITY, STAT	E AND ZIP		
JOINT OWNERSHIP: IF WATERCRAFT IS OWNED BY MORE THAN ONE PERSON AND/OR AND OF			JS CODE — FOR DEPARTMENT USE
CO-OWNER'S NAME: LAST	FIRST	MI	DATE OF BIRTH (MO-DY-YR)
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER, CITY, STAT	E AND ZIP		
OWNER'S DAYTIME PHONE:	OWNER'S HOME PHONE:		WILL THE WATERCRAFT BE OPERATED MOST IN CIRCLE ONE:
() OWNER'S EMAIL ADDRESS:			ARIZONA and/or MEXICO? YES NO PREVIOUS WATERCRAFT # BY STATE OF
HEREBY CERTIFY THAT THE INFORMATION C INFORMATION ON THIS FORM CONSTITUTES			I UNDERSTAND THAT ANY FALSIFICATION OF
SIGNATURE OF OWNER (REQUIRED)			DATE

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REGISTRAR'S INITIAL AND DATE

DATE



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JOINT OWNERSHIP DESIGNATIONS

Pursuant to R12-4-502 (A) (11), application for registration of a watercraft with more than one owner must be indicated by one of the following methods, and the Department shall record and transfer registrations as prescribed:

- a. The use of "and/or" between the names of the individuals shall require the signatures of both parties if both are living. Upon legal proof of the death of either party, the Department shall transfer registration upon the signature of the living party.
- b. The use of "and" between the names of individuals shall require the signatures of both parties. In the event of the death of either party the interest of the deceased party shall be handled through probate proceedings.
- c. The use of "or" between the names of individuals shall express to the Department the intent that either of the owners have full authority to transfer registration of the watercraft.

RESIDENCY DEFINITIONS A.R.S. § 5-301

- "Resident" means a person who is either:
- A member of the armed forces of the United States on active duty and stationed in this state for a period of thirty days immediately before the date of application for a watercraft decal.
- 2. A member of the armed forces of the United States on active duty and stationed in another state or another country and who lists this state as
- that member's home of record at the time of an application for a watercraft decal.
- Domiciled in this state for at least six consecutive months immediately before the date of the application for a watercraft decal and who does not claim residency for any purpose in any other state or country.
- "Domicile" means a person's true, fixed and permanent home and principal residence.

TOWING COMPANY CERTIFICATION STATEMENT FOR TRANSFER OF OWNERSHIP

I hereby certify that as of the date of this application, the watercraft is in the possession of the towing company and no person has presented proof of ownership or proof of interest in the watercraft and entered into an agreement for the release or return of the watercraft. I understand that any falsification of information on this form constitutes a Class 6 felony pursuant to A.R.S. § 13-2407 and § 13-2704

SIGNATURE OF AUTHORIZED TOWING COMPANY REPRESENTATIVE

CONTINUATION OF OWNERS

	Data of Pick (MO DVVP)								
CO-OWNER'S NAME: LAST	FIRST		MI	Date of Birth (MO-DY-YR)					
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY		STATE		ZIP			
SIGNATURE:									
CO-OWNER'S NAME: LAST	FIRST		MI	Date of Birth (MO-DY-YR)					
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY		STATE		ZIP			
SIGNATURE:									
CO-OWNER'S NAME: LAST	FIRST		MI		Date of Birth (MO-DY-YR)			
CO-OWNER'S NAME: LAST	FIRST		MI		Date of Birth (I	MO-DY-YR)			
CO-OWNER'S NAME: LAST MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER	FIRST	CITY	MI	STATE	Date of Birth (MO-DY-YR) ZIP			
	FIRST	CITY	MI	STATE	Date of Birth (P				
	FIRST	CITY	MI	STATE	Date of Birth (f				
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER	FIRST	CITY	MI	STATE	Date of Birth (f				
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MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE:		CITY		STATE		ZIP			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE:		CITY		STATE		ZIP			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER SIGNATURE: CO-OWNER'S NAME: LAST						ZIP MO-DY-YR)			
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