



GOVERNMENT OF BERMUDA
Ministry of Tourism and Transport

Department of Marine and Ports Services

BOAT REGISTRATION FORM

FOR OFFICE USE ONLY:

Owner Acct. No.:	Boat Reg No.:
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SURNAME:	FIRST NAME:
HOUSE NUMBER:	STREET ADDRESS:
PARISH:	POSTAL CODE:
HOME NO.:	CELL/ WORK NO.:
E-MAIL:	

BOAT NAME: _____

DIMENSIONS

Length:	FT	IN
Beam:	FT	IN
Draught:	FT	IN

COLOR

Cabin:	
Decks:	
Hull:	
Boot Line:	
Bottom:	

DESCRIPTION

Type of Boat:	Power Boat <input type="checkbox"/> Sail Boat <input type="checkbox"/> Jet Ski <input type="checkbox"/> Punt <input type="checkbox"/> Barge <input type="checkbox"/> Kayak <input type="checkbox"/>
Make of Boat:	
Where Built:	
Hull #:	
Material:	
Year:	

ENGINE

Engine Type:	Inboard <input type="checkbox"/> In/Outboard <input type="checkbox"/> Outboard <input type="checkbox"/> Jet <input type="checkbox"/>
Engine Make:	
Serial/VIN #:	
Power (HP):	
Fuel:	Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/>

SIGNATURE OF OWNER: _____