VESSEL COPY RECORDS REQUEST
J-23V NEW 1-2016

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
MARINE VESSEL SECTION
TELEPHONE NUMBER: 860-263-5151
On The Web At ct.gov/dmv

VESSEL *(BOAT)* RECORDS	FILL IN SECTION(S)	UNIT PRICE	RECORDS AVAILABLE
☐ **Vessel Inquiry** *(Owner name and address)*	**1 & 2**	**$20.00**	Current Information
☐ **History of Specific Boat**	**1 & 2**	**$20.00 per copy of Registration**	
☐ **All Boats Owned by a Specific Person**			
☐ **Boat Registration** *(Photocopy)*	**1 & 2**	**$20.00**	
☐ **Title Record** *(Copy of computer record showing title, owner and lien information) Models 2017 or newer or previously documented or foreign documented vessels*	**1 & 2**	**$20.00**	Current Information
☐ **Miscellaneous Request** *(Complete section 3)*	**3**	**$20.00**	

TO: Department of Motor Vehicles, Marine Vessel Section
60 State Street, Wethersfield, CT 06161-5031

☐ **Certified photocopy of uncertified items**
(Add $20.00 to unit price per item)

REQUEST SECTION

LIST BELOW THE INFORMATION NECESSARY FOR EACH REQUEST.
FOR REGISTRATION REQUESTS THE NAME AND FULL ADDRESS OF REGISTRANT SHOULD BE PROVIDED OR THE REQUEST MAY NOT BE FILLED.
FOR REGISTRATION REQUESTS BY VESSEL CT NUMBER OR HULL NUMBER A SECOND VESSEL IDENTIFYING CHARACTERISTIC (BOAT MAKE) SHOULD BE PROVIDED OR THE REQUEST MAY NOT BE FILLED.

APPLICANT: OPTIONAL REQUEST REASON FROM BACK OF FORM. SPECIFY CODE 1, 2, 3, 4, 5 ➡ **CODE NO.**

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE SIGNED
X		

			QTY	UNIT PRICE	AMOUNT
SECTION 1	**OWNER'S NAME** *(Last, First, Middle Initial)*	**OWNER'S ADDRESS** *(Number and Street, City or Town, State, Zip Code)*			
	OWNER'S NAME *(Last, First, Middle Initial)*	**OWNER'S ADDRESS** *(Number and Street, City or Town, State, Zip Code)*			
	OWNER'S NAME *(Last, First, Middle Initial)*	**OWNER'S ADDRESS** *(Number and Street, City or Town, State, Zip Code)*			
SECTION 2	**HULL NUMBER**	**CT VESSEL NUMBER**			
	HULL NUMBER	**CT VESSEL NUMBER**			
	HULL NUMBER	**CT VESSEL NUMBER**			
SECTION 3	**MISCELLANEOUS REQUEST** *(Please Specify)*				
	MISCELLANEOUS REQUEST *(Please Specify)*				
	MISCELLANEOUS REQUEST *(Please Specify)*				
				TOTAL	
			DMV USE ONLY	**AMOUNT RECEIVED**	

APPLICANT: *Print or Type Your Name and Mailing Address Below. If using a P.O. Box, Street Address must be included.*

OPERATOR'S LICENSE NO. or FEDERAL EMPLOYER ID NO.	TELEPHONE NO. *(Required)*
NAME	
NUMBER AND STREET	
CITY OR TOWN / STATE	ZIP CODE

Specify the applicable reason for request code below, in the space on the front of this form in the **REQUEST SECTION OPTIONAL.**

1. By any federal, state or local government agency in carrying out its functions or any individual or entity acting on behalf of any such agency.

2. In the normal course of business by the requesting party, but only to confirm the accuracy of personal information submitted by the individual to the requesting party. *(Full name and address of individual required)*

3. In connection with any civil, criminal, administrative or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation by an attorney-at-law or any individual acting on behalf of an attorney-at-law and the execution or enforcement of judgments and orders, or pursuant to an order of any court provided the requesting party is a party in interest to such proceeding.

4. By any insurer or insurance support organization or by a self-insured entity or its agents, employees or contractors, in connection with the investigation of claims arising under insurance policies, anti-fraud activities, rating or underwriting.

5. In providing any notice required by law to owners or lienholders named in the certificate of title of towed, abandoned or impounded motor vehicles [or to owners named in the registration record in the case of any vehicle for which no title has been issued].