



**Sarah K. Webb**  
 Commissioner of the Revenue  
 County of York, Virginia

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**BOAT REGISTRATION, RELOCATION OR DISPOSAL NOTICE**

<b>General Instructions</b>									
Complete the below information for each vehicle (car, truck, van, motorcycle, RV, camping trailer, boat trailer, and any other type of trailer) in order that your personal property tax liability, if any, can be determined, regardless if the vehicle is inoperable. Complete additional Registrations for more than one vehicle. This information will be confirmed with the Virginia Department of Motor Vehicles (DMV). If additional information is needed, you may be notified by e-mail.									
<b>ACTIVE-DUTY MILITARY</b>									
Complete APPLICATION for TAX EXEMPTION for MILITARY SERVICEMEMBERS and LEGAL SPOUSE – LES and NOTORIZED SIGNITURE REQUIRED									
Request for (please check one):									
<input type="checkbox"/> Registration			<input type="checkbox"/> Relocation			<input type="checkbox"/> Disposal			
[ Purchase Date: _____ ]			[ Date Relocated: _____ ]			[ Date: _____ ]			
[ Purchase Price: _____ ]			[ Locality: _____ ]			[ Method: _____ ]			
Hull Number			Hull Material		Year	Make		Model:	
Boat Number		State Registered In	State ID Number		Boat Length	Boat Trailer Length	Propulsion		Boat Over 5 Tons
Motor # 1					Motor # 2				
Year		Make			Year		Make		
Horsepower		Motor ID#			Horsepower		Motor ID#		
Boat Location Address/Marina				City		State		Zip	
Applicant Type							Applicant ID Number SSN or FEIN/EIN		
<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Military/Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit									
Owner 1 First Name (or Entity Name)			Middle Name		Last Name		Suffix (if any)		
Owner 2 First Name (if applicable)			Middle Name		Last Name		Suffix (if any)		
Physical Address				City		State		Zip	
Mailing Address				City		State		Zip	
25. Applicant Phone Number (optional)			26. Email (optional)			27. Taxpayer Portal Account Established			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><i>Declaration: I/We do hereby swear (or attest) that the above information is complete and correct to the best of my/our knowledge and belief. If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this notification must be signed.</i></b>									
Signature _____				Print Name (Same as Signature) _____				Date _____	
Signature _____				Print Name (Same as Signature) _____				Date _____	
Signature _____				Print Name (Same as Signature) _____				Date _____	