



**ANN H. THOMAS**  
Commissioner of the Revenue  
COUNTY OF YORK, VIRGINIA

Post Office Box 190  
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(757) 890-3381  
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**REGISTRATION APPLICATION FOR A BOAT**

**Form may be mailed, faxed or emailed**

*\*Required Fields-registration cannot be accepted unless areas are complete*

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**TAXPAYER INFORMATION**

**Owner 1:**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_

**Owner 2: (Required if more than one owner)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_ \*Zip: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_ \*Zip Code: \_\_\_\_\_

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**BOAT INFORMATION**

\*Year: \_\_\_\_\_ \*Make: \_\_\_\_\_ Model: \_\_\_\_\_ Boat Length (feet/inch): \_\_\_\_\_

\*Hull ID Number: \_\_\_\_\_ Is boat over 5 tons?  Yes  No

State Registered In: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Hull Material (select one):  Fiberglass  Metal  Inflatable  Wood

Propulsion (select one):  Outboard  Inboard/Outboard  Inboard  Jet Ski

Manual  Sail  Sail Inboard  Sail Outboard

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**MOTOR INFORMATION**

**Motor #1:**

**Motor #2:**

\*Year: \_\_\_\_\_ \*Make: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

\*Horsepower: \_\_\_\_ Motor ID #: \_\_\_\_\_ Horsepower: \_\_\_\_ Motor ID #: \_\_\_\_\_

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Date boat moved into York County *(if not same as purchase date)*: \_\_\_\_\_

Locality/State boat moved from: \_\_\_\_\_

Provide Marina or physical address if different from mailing address: \_\_\_\_\_



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**ACTIVE DUTY MILITARY INFORMATION**

**IMPORTANT:** Exemption DOES NOT apply if property is owned jointly with dependent(s), other co-owner(s), or if property IS NOT in York County pursuant to Military Orders.

*Documentation requested in "red" may be submitted by mail, fax or email*

\*Is a registered owner of this boat active duty military?

Owner 1:   ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required)   ▪ No  
Owner 2:   ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required)   ▪ No

If jointly registered with a legal spouse that is not active duty military, complete the following:

Legal Spouse's Name: \_\_\_\_\_ (a copy of the front and back of spouse's military ID required)

Spouse's Legal State of Residence or Domicile: \_\_\_\_\_ (Example: driver's license, property tax bill or current voter registration card from the domicile state)

\*Does Spouse reside in York County, VA ONLY pursuant to military orders of above listed active duty non-resident spouse?

▪ Yes   ▪ No

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\*Daytime Phone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

***Declaration:*** I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. ***This registration cannot be accepted unless you initial or sign below.***

***(If submitting by EMAIL, this form must be initialed, which will be the equivalent of your signature)***

\*Owner 1 Initials: \_\_\_\_\_ Owner 2 Initials (If co-owned): \_\_\_\_\_ \*Date: \_\_\_\_\_

***(If submitting by MAIL or FAX, this form must be signed)***

Owner 1 Signature: \_\_\_\_\_ Owner 2 Signature: \_\_\_\_\_

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**(It is recommended that you PRINT and/or SAVE a copy for your records)**