Print Form

BM-01

CHEROKEE NATION TAX COMMISSION
MOTOR VEHICLE DIVISION

APPLICATION FOR CERTIFICATE OF TITLE FOR A BOAT OR OUTBOARD MOTOR

Complete One:

☐ Boat…length = _____ ft. _____ in. If INB H.P. = _____
or
☐ Outboard Motor……H.P. = _____

Cherokee Nation Vessel (if boat)_____

Registration/Sticker Number _____ Expiration Date 6/30/_____

Previous State and Registration Number _____

Model Year _____ Make and Model _____

Serial or Hull Number _____

Factory Delivered Price _____ Total Delivered Price _____

Actual Purchase Price_____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Drivers License or Other Identification Number _____

THIS BOAT OR MOTOR IS SUBJECT TO A LIEN IN FAVOR OF:

Name _____Date of Lien _____

Address _____

City _____State _____ Zip _____

I, the undersigned, under penalty of perjury, do solemnly swear (or affirm) that I am the owner of the boat or motor described on this application and that the statements contained herein are true. Also I, the undersigned do hereby submit to the jurisdiction of the Cherokee Nation and its courts for purposes of enforcement, including without limitations the assessment and collection of any penalties, fines and interests provided by "Cherokee Nation Boat and Motor Licensing Code".

_____
Owner of Legal Agent of Owner

Cherokee Nation, County of _____

Subscribed and sworn before me this _____ day of _____ , _____

My Commission expires _____ Notary Public _____

Revised April 2010

CHEROKEE NATION TAX COMMISSION

Description of Boat

Check one in each category

USE	TYPE	HULL	PROP	FUEL
PLEASURE ☐	OPEN ☐	WOOD ☐	INBOARD ☐	GAS ☐
RENTAL ☐	CABIN ☐	METAL ☐	OUTBOARD ☐	DIESEL ☐
DEALER ☐	HOUSE ☐	FB GL ☐	I/O DRI ☐	OTHER ☐
COMMERCIAL PASSENGER CARRYING ☐	OTHER ☐	PLASTIC ☐	SAIL ☐	
COML FISHING ☐		OTHER ☐	OTHER ☐	
OTHER COML USE ☐				

BOAT AND MOTOR INSPECTION

(To be completed upon Cherokee Nation Tax Commission Request)

BOAT HIN NUMBER:_____

MOTOR SERIAL NUMBER:_____

I, the undersigned, hereby certify that I have physically inspected the boat or motor identification number as indicated above.

_____

Inspector Name Date

_____

Title or Position

_____

City State Zip