



John C. Klaehn

Ottawa County Clerk of Courts
315 Madison Street Room 106A
Port Clinton, Ohio 43452

APPLICATION FOR CERTIFICATE OF TITLE TO A WATERCRAFT

CHECK TYPE OF APPLICATION – Fee of \$5.00 for failure to apply for title within 30 days of assignment.

Applicant's Name _____ SSN / EIN _____

Applicant's Address _____ County _____

Hereby declares under penalty of perjury that he / she is the lawful (owner / purchaser / lien holder) of the following described watercraft and hereby makes application(s) for the following:

YEAR _____ MODEL _____ LENGTH _____ FEET _____ INCHES

WATERCRAFT MAKE _____ SERIAL NUMBER _____

Purchase Price \$ _____ Tax Base \$ _____ Sales Credit amount \$ _____

Trade In \$ _____ Dealer Discount \$ _____ Tax Paid \$ _____

Tax exemption: Yes Reason _____

WARNING: You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code and is punishable by six months imprisonment and a fine of up to one thousand dollars or both. All transactions are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

ORIGINAL CERTIFICATE OF TITLE Evidence of Ownership _____
MSO, Previous Title No., Registration, Etc.

Applicant acquired said watercraft by (state how acquired) _____

From: Name of Previous Owner _____

Address of Previous Owner _____

The following is a full statement of all liens on said watercraft. If no lien, state "none". If more Than one lien, attach statement of all additional liens.

Lien holder _____ Address _____

Vendor's Number: _____ Dealer's Permit Number _____

DUPLICATE CERTIFICATE OF TITLE
Applicant state that Certificate of Title Number _____ has been _____; that said watercraft has not been sold or disposed of except as stated below. (lost, stolen, destroyed)

The watercraft is in possession of _____ residing at _____ and that if said Certificate of Title be hereby recovered by this applicant he will deliver same to the Clerk of Courts for cancellation.

MEMORANDUM TITLE for Certificate of Title Number _____

REPLACEMENT TITLE for Certificate of Title Number _____

SALVAGE TITLE for Certificate of Title Number _____

Applicant (s) signature _____

Sworn to and subscribed in my presence by _____ this _____ day of _____ 20 _____

My commission expires _____, 20 _____

(seal) Clerk, deputy Clerk of Courts – Notary _____