



DEPARTMENT OF GAME AND INLAND FISHERIES - CLIENT SERVICES  
 P.O. BOX 9930, HENRICO, VA 23228-9930  
 TELEPHONE: (866) 721-6911 WEBSITE: WWW.DGIF.VIRGINIA.GOV

**NOTIFICATION OF CHANGE IN STATUS OF A NUMBERED VESSEL**

**BOAT OWNER:** Use this form to report change in boat ownership, change in address, change in military status or other changes in status. Any change in status must be reported within 15 days.

The new owner of a watercraft may operate vessel for 30 days from the date of purchase with a dated bill of sale and the valid Certificate of Number (Registration) of the former owner. The new owner must apply for transfer of ownership on forms provided by the Department of Game and Inland Fisheries.

**BOAT DESCRIPTION:**

Registration/Title Number: \_\_\_\_\_ Hull Identification Number: \_\_\_\_\_

Make: \_\_\_\_\_ Length: \_\_\_\_\_ Model Year: \_\_\_\_\_

**CHANGE IN BOAT OWNERSHIP**

I/we sold/transferred this boat on \_\_\_\_\_ to: \_\_\_\_\_  
 Date Sold

New Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Registered Owner(s): X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

**CHANGE OF ADDRESS:**

New Address: \_\_\_\_\_

**CHANGE IN COUNTY/CITY GARAGED/DOCKED/PARKED: *Code of Virginia Requires This Information Be Provided to the Commissioner of Revenue:***

County or City in Virginia where the boat is normally garaged, docked or parked: \_\_\_\_\_

Signature of Registered Owner(s): X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

**CHANGE IN MILITARY STATUS: As of (date) \_\_\_\_\_, I am no longer Active Military.**

Signature of Registered Owner/(s): X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

**OTHER CHANGES IN STATUS:**

Boat will be registered in the State of: \_\_\_\_\_

Boat Abandoned as of (list date) \_\_\_\_\_

Boat Destroyed as of (list date) \_\_\_\_\_ How Destroyed: \_\_\_\_\_

Boat Stolen – Law Enforcement Agency Contacted (if any): \_\_\_\_\_

Other (Explain): \_\_\_\_\_

Signature of Registered Owner(s): X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_

X \_\_\_\_\_ DOB: \_\_\_\_\_ SSN4: \_\_\_\_\_ DRL4: \_\_\_\_\_