



State of Ohio
 Department of Natural Resources
 DIVISION OF PARKS & WATERCRAFT
 2045 Morse Road, Building A • Columbus, Ohio 43229

COEJO # _____
DOEVO _____

HIN APPLICATION/VESSEL/MOTOR INSPECTION

SECTION 1

APPLICANT NAME _____	DATE OF BIRTH AND DRIVERS LICENSE STATE/NUMBER _____/_____/_____ () -
ADDRESS _____	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE
CITY/STATE/ZIP _____	EMAIL ADDRESS _____

SECTION 2 VESSEL/MOTOR DESCRIPTION

MANUFACTURER _____	MODEL _____	YEAR _____	<input type="checkbox"/> Y <input type="checkbox"/> N CAPACITY PLATE
LENGTH _____ FEET _____ INCHES	HULL MATERIAL _____	TITLE NUMBER OR DOCUMENTATION NUMBER _____	HULL IDENTIFICATION NUMBER/SERIAL NUMBER _____
BOAT REGISTRATION NUMBER _____	YEAR OF EXPIRATION _____	REGISTRATION DECAL NUMBER _____	STATE OF LAST REGISTRATION OR TITLE _____
VESSEL TYPE:	<input type="checkbox"/> Open <input type="checkbox"/> Cabin <input type="checkbox"/> Pontoon <input type="checkbox"/> Houseboat <input type="checkbox"/> PWC <input type="checkbox"/> Row <input type="checkbox"/> Paddlecraft <input type="checkbox"/> Other <input type="checkbox"/> Sail Only <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Airboat <input type="checkbox"/> Inflatable		
MOTOR TYPE:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard		
(1)	MANUFACTURER _____	SERIAL NUMBER _____	YEAR _____ MODEL _____ HORSEPOWER _____
MOTOR TYPE:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard		
(2)	MANUFACTURER _____	SERIAL NUMBER _____	YEAR _____ MODEL _____ HORSEPOWER _____

Acknowledgement

I certify that all information supplied is correct and complete to the best of my knowledge. I also understand this inspection has no bearing on the seaworthiness of this vessel. In accordance with ORC 1547.66, I understand the requirement to permanently affix the assigned Hull Identification Number to my vessel.

APPLICANT SIGNATURE _____ DATE _____

SECTION 3

(Only to be completed by an officer upon physical inspection)

Certification by Officer

Vessel Number Found: NUMBER _____ LOCATION FOUND _____

Motor ID Number Found: NUMBER _____ LOCATION FOUND _____

This is to certify that I have physically examined the vessel/motor described above. The Vessel Hull Identification Number and/or Motor Serial Number was was not obtained from a registration, title or document relative to this vessel or motor. (EXPLAIN if it was: _____)

- Photocopies of all supporting documents and proof of purchase are attached.
- No supporting documents attached. REASON: _____
- The above-described vessel/motor is eligible for a state-assigned Hull Identification Number or serial number.
EXPLAIN: _____

OFFICER NAME _____ SIGNATURE _____ DATE _____ BADGE NUMBER _____

Info Taken By:	Numbers Assigned (if applicable) Date Issued: _____ HIN Assigned: _____ Motor 1 Serial Number: _____ Motor 2 Serial Number: _____
Researcher:	