Form BM-26 Revised 1-2015 **MVC**



OKLAHOMA TAX COMMISSION MOTOR VEHICLE DIVISION

APPLICATION FOR CERTIFICATE OF TITLE FOR A BOAT OR OUTBOARD MOTOR

Place Motor Vehicle Tax Stamp Here

| Co | omplete one: | | | | Stamp Here | |
|--------------|--|--------------------------------|--------------------------------------|-----------------------------------|---------------------------|--|
| BoatLength = | | ft | in. If INB, H.P. = | | | |
| (| or Outboard Motor | H.P. = | | | | |
| Ok | klahoma Vessel Number (if bo | at): OK | | | | |
| | egistration Decal Number: | | | | | |
| Мо | odel Year: | | | | | |
| Se | rial or Hull Number: | | | | | |
| | | Model: | | | | |
| | anufacturer's Retail Factory D | elivered Price: | | | | |
| | USE | TYPE | HULL | PROP | FUEL | |
| | Pleasure | Open | Wood | Inboard | Gas | |
| | Rental | Cabin | Metal | Outboard | Diesel | |
| | Dealer | House | Fiber Glass | I/O Drive | Other | |
| | Commercial Passenger | Other | Plastic | Sail | | |
| | Carrying | | Other | Other | | |
| | Commercial Fishing | | | | | |
| | Other Commercial Use | | | | | |
| Ov | vner's Name: | | | | | |
| | ldress: | | | | | |
| | ty, State, Zip: | | | | | |
| | iver's License or Other Identif | | | | | |
| | IS BOAT OR MOTOR IS SUBJEC | | | | | |
| | | | Date | e of Lien: | | |
| Ad | ldress: | | | | | |
| | ty: | | | | | |
| | e undersigned, under penalty of perjury, d | o solemnly swear (or affirm) t | hat I am the owner of the boat or mo | otor described on this applicatio | n and that the statements | |
| | tained herein are true. gnature of Owner: | | | | | |
| | | | | | | |
| Sta | ate of Oklahoma, County of _ | | | | | |
| Su | bscribed and sworn to before | me this | day of | | | |
| Му | commission expires: | | · | | | |
| | | | | | | |
| | | | | Notary Public | Notary Seal | |

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APPLICATION FOR CERTIFICATE OF TITLE FOR A BOAT OR OUTBOARD MOTOR

Boat or Motor Inspection

(To be completed upon Oklahoma Tax Commission request)

| Boat HIN Number: Motor Serial Number: | | | | |
|--|-------|--|--|--|
| | | | | |
| Inspector Name | Date | | | |
| Title or Position | | | | |
| City | State | | | |
| Motor License Agent Number | | | | |

A fee will not be collected for this inspection.