VESSEL COPY RECORDS REQUEST

J-23V Rev. 4-2018

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

60 STATE STREET, WETHERSFIELD, CT 06161-1015 On The Web At ct.gov/dmv

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VESSEL (BOAT) RECORDS			FILL SECTIO		UNIT RECORDS PRICE AVAILABLE							
Vessel Inquiry (Owner name and address)			1 & 2		\$20.00	Current Information						
History of Specific Boat			1 & 2		\$20.00 per copy of							
All Boats Owned by a Specific Person					Registration							
Boat Registration (Photocopy)			1 & 2		\$20.00							
Title Record (Copy of computer record showing title, owner and lien information) Models 2017 or newer or previously documented or foreign documented vessels			1 & 2		\$20.00	Current Information						
Miscellaneous Request (Complete section 3)			3		\$20.00							
(00p.		TO: Department of 60 State Stre							ied photocopy of uncertified items add \$20.00 to unit price per item)			
REQUE: SECTIO		FOR REGISTRATION MAY NOT BE FILLED FOR REGISTRATION	NFORMATION NECESSARY FOR EACH REQUEST. ON REQUESTS THE NAME AND FULL ADDRESS OF REGISTRANT SHOULD B ED. ON REQUESTS BY VESSEL CT NUMBER OR HULL NUMBER A SECOND VESS (BOAT MAKE) SHOULD BE PROVIDED OR THE REQUEST MAY NOT BE FILLI						EL IDENTI	FYING		
		APPLICANT: OPTI	ONAL RE	QUEST R	EASON FROM BACK	OF FORM.	SPECI	FY CODE 1, 2, 3,	4, 5	CODE N	D.	
SIGNATURE OF APPLICANT X			I	PRINTED NA	E OF APPLICANT		DATE SI	GNED	QTY	UNIT PRICE	AMOUNT	
	OWN	ER'S NAME (Last, First, Middle	le Initial)	OWNER'S ADDRESS (Number and Street, Cit.			et, City or T	own, State, Zip Code)				
SECTION 1	OWNER'S NAME (Last, First, Middle Initial)				OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code)							
	OWNER'S NAME (Last, First, Middle Initial)				OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code)							
SECTION 2	HULL NUMBER			CT VESSEL NUMBER								
	HULL NUMBER			CT VESSEL NUMBER								
	HULL NUMBER				CT VESSEL NUMBER							
SECTION 3	MISCELLANEOUS REQUEST (Please Specify)											
	MISC	MISCELLANEOUS REQUEST (Please Specify)										
	MISCELLANEOUS REQUEST (Please Specify)											
	APPLICANT: Print or Type Your Name and Mailing Address Below. If using a P.O. Box, Street Address must be included.								TOTAL			
	OPERATOR'S LICENSE NO. or FEDERAL EMPLOYER ID NO.						DMV	AMOUNT				
								USE ONLY	RECEIVED			
	NUMBER AND STREET											
	CITY	CITY OR TOWN STATE ZIP CODE										

Specify the applicable reason for request code below, in the space on the front of this form in the **REQUEST SECTION OPTIONAL**.

- 1. By any federal, state or local government agency in carrying out its functions or any individual or entity acting on behalf of any such agency.
- 2. In the normal course of business by the requesting party, but only to confirm the accuracy of personal information submitted by the individual to the requesting party. (Full name and address of individual required)
- 3. In connection with any civil, criminal, administrative or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation by an attorney-at-law or any individual acting on behalf of an attorney-at-law and the execution or enforcement of judgments and orders, or pursuant to an order of any court provided the requesting party is a party in interest to such proceeding.
- **4.** By any insurer or insurance support organization or by a self-insured entity or its agents, employees or contractors, in connection with the investigation of claims arising under insurance policies, anti-fraud activities, rating or underwriting.
- 5. In providing any notice required by law to owners or lienholders named in the certificate of title of towed, abandoned or impounded motor vehicles [or to owners named in the registration record in the case of any vehicle for which no title has been issued].