




VESSEL NUMBER: 	STATE	NUMBER
OWNER'S NAME	PHONE NUMBER	
OWNER'S ADDRESS	E-MAIL	

THE CORRECTION IS AS ENTERED BELOW:

TYPE OF CORRECTION *(Please check below)*

- LENGTH** From _____ ft. _____ in. To _____ ft. _____ in.
- YEAR** From _____ To _____
- HULL NUMBER** From _____ To _____
- PRINCIPAL HULL MATERIAL** From _____ To _____

I declare under penalty of law and punishable by statute that the information furnished on this form is true and complete to the best of my knowledge and belief.

SIGNATURE OF OWNER (S) X	DATE SIGNED
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DMV USE ONLY

- VESSEL CORRECTION COMPLETE**
- VESSEL CORRECTION SENT FOR INVESTIGATION**

DMV EXAMINER _____	DATE SENT _____	DMV INITIALS _____
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DEEP USE ONLY

The above requested change of Hull Identification Number as recorded in DMV records is herewith APPROVED DISAPPROVED

INVESTIGATOR'S NAME <i>(Signature)</i> _____	DATE _____
INVESTIGATOR'S NAME <i>(Print)</i> _____	TELEPHONE NUMBER _____

VOID UNLESS VALIDATED HERE BY
THE STATE OF CONNECTICUT