VESSEL TITLE REQUEST FORM

Instructions: Complete this application, sign, and return to the address listed below. Applications will be returned if not completely filled out, if the necessary attachments and fee are not included, or if the handwriting is not legible. For more information, go to www.ncwildlife.org or call 800-628-3773.

Vessel Registration Number  N  C  -  ____  ____  ____  ____  ____  ____  ____
NC Title Number (if applicable)  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____  ____

Owner Information (attach an additional sheet listing the information if there are more than two owners)

Primary Owner’s Full Name: __________________________ Telephone: (____) __________________________
Mailing Address: __________________________
Resident Address (if different from above): __________________________
Birth Date (required): __________________________ NC Driver License #: __________________________ Email: __________________________

Secondary Owner’s Full Name: __________________________ Birth Date (required): __________________________

Vessel Title Request (check one):

☐ Request for duplicate title
  • If you would like to request a duplicate vessel registration in addition to the duplicate title, include an additional $8* with your application.

☐ Add a title to a registered vessel

☐ Add a lien to a titled vessel**
  • Original title must be submitted with this application. If title has been lost, please sign the following statement.

  I declare the title certificate for the above named vessel has been lost.
  Primary Owner’s Signature __________________________

☐ Add a title and lien to a registered vessel**

*$Price includes administrative surcharge as mandated by NCGS 75A-5.2(c).
**Lienholder Information (only complete if adding a lien)

Lienholder’s Name: __________________________ Date of Lien: __________________________
Address: __________________________
Telephone: (____) __________________________

Certification: I/we listed below am/are the rightful owner(s) of the vessel described above and hereby make application for that which is indicated above and certify that the statements made herein are true and correct, to the best of my/our knowledge, information and belief, and that the vessel is subject to the liens or encumbrances listed and none other.

Signature(s) of Owner(s):
_____________ __________________________
Primary Owner Date Secondary Owner Date

Signature of Duly Authorized Attorney in Fact (attach Properly Executed Power of Attorney): __________________________ Date __________________________

Mail application with appropriate documentation and fee to:

Mail order payable to NCWRC. Transactions are not considered final until the check has cleared the bank. Items purchased with a returned check will be made invalid. A Service Charge of up to $25 will be charged on returned checks (G.S. 25-3-506).

North Carolina Wildlife Resources Commission
Transaction Management
1709 Mail Service Center
Raleigh, NC  27699-1709

Call for priority mail (UPS, Fed. Ex.) Instructions

Office Location: NCSU Centennial Campus, WRC Headquarters, 1751 Varsity Drive, Raleigh, NC

Website: www.ncwildlife.org

Telephone: 800-628-3773