

RECORD REQUEST

- \$5 Copy of record
- \$10 Certified copy

Mail with your check payable to DNR to:

DNR Licensing & Registration
PO Box 1869
Annapolis MD 21404-1869

APPLICANT

Name _____ Daytime phone _____

Street _____ City _____ St ____ Zip _____

Email _____

Except for certified copies, report will be emailed (if email address is provided).

REASON

- Abandoned Vessel

Boat # MD _____ or USCG _____

Hull ID# _____

- Investigation (explain) _____

- Litigation Case # _____

Court _____

- Other (explain) _____

LICENSEE

Type of License	
Time period (license year, etc.)	
Name	
Address	
Date of Birth	
Social Security # (if known)	

Applicant's signature REQUIRED