

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

**APPLICATION FOR VESSEL DUPLICATE REGISTRATION, REPLACEMENT DECAL
AND CHANGE OF CLASSIFICATION**
(SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE)

(1) TYPE OF REQUEST

DATE: 10/21/2022

TELEPHONE # (727) 225-2475

I (We) hereby make application for the following:

☒ Duplicate Certificate of Registration ☐ Replacement Decal ☐ Change of Vessel Classification

(2) VESSEL INFORMATION

Make of Vessel Sea Ray Hull Identification Number FBGLSS

Model Year 2003 Title # 87571622 Reg. # FL4820MD

Date of Current Registration _____ Previous Decal Issued 04/22/2022 Decal Expires 03/25/2023

(3) CERTIFICATION

A. ☒ The current original certificate of registration to the above described vessel was: ☒ Lost ☐ Defaced
☐ Damaged ☐ Never Received

B. ☐ The original decal to the above vessel was: ☐ Lost ☐ Stolen ☐ Defaced
☐ Damaged ☐ Never Received

C. ☐ I (We) hereby request that the use of my (our) vessel registered as FL/DO _____
be changed from:

☐ Commercial to Recreational Craft ☐ Recreational Craft to Commercial* _____

***Please circle one of the following to indicate the intended commercial use of the vessel:**

Blue Crab (BC) Charter (CC) Fish (CF) Live Bait (LB) Mackerel (CM) Other (OT) Oyster (OY)
Shrimp (SH – Reciprocal, SN – Non-Reciprocal) Spiny Lobster (CL) Sponge (SP) Stone Crab (SC)

NOTE: See Item 3 & 4 under "Instructions to Apply for a Change of Class" on the reverse side of this form for non-resident/alien commercial licensing requirements.

Johan Jongsma
(NAME OF OWNER)

03/25/1965
(OWNER DL NUMBER) (DATE OF BIRTH)

851 Brightwaters Blvd NE
(ADDRESS)

St. Petersburg FL 33704
(CITY) (STATE) (ZIP)

(NAME OF CO-OWNER)

(CO-OWNER DL NUMBER) (DATE OF BIRTH)

(ADDRESS)

(CITY) (STATE) (ZIP)

(4) ATTESTMENT
(CHECK WHEN APPLICABLE)

☐ Decal was reported stolen to the: ☐ Police Department or ☐ Sheriff's Office

I hereby certify under the penalty of perjury that the decal for the vessel listed in Section 2, is no longer or has never been in my possession for the reason checked in Section 3. All information herein is true and correct to the best of my knowledge.

[Signature]
(Owner/Co-Owner's Signature)

10/21/2022
(Date)

Complete the following, if applicable:

_____ was surrendered to the tax collector:

(Decal)

(County)

(Agency)

(Signature of Agency Personnel)

(Date)