

**APPLICATION FOR ANNUAL BOAT OPERATING PERMIT**  
 (one application per boat)

Please PRINT IN INK or TYPE your responses.  
 Unreadable or illegible applications will be denied.

Please submit completed application and  
 appropriate fee to the above address.

BUSINESS NAME			
ADDRESS			
CITY		STATE	ZIP CODE
AREA CODE AND PHONE NUMBER	AREA CODE AND FAX NUMBER	E-MAIL ADDRESS	

**BOAT INFORMATION**

VESSEL NAME		LAKE AND DOCK LOCATION	
CONTACT PERSON		PHONE NUMBER (WORK, CELL, PAGER)	
MINNESOTA REGISTRATION # OR US COAST GUARD #		MAKE OF VESSEL	YEAR   LENGTH
BEAM	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Metal		FUEL TYPE
ENGINE CONFIGURATION <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard		NUMBER OF ENGINES	

I VERIFY THAT ALL INFORMATION IS CORRECT  
 SIGNATURE OF VESSEL OWNER **X**

**NOTE:** Please include a check or money order payable to Department of Labor and Industry for \$200.00 to pay for permit and safety inspection. Applications without payment in advance will not be processed. All requests **must** be received in our office a minimum of 60 days prior to being inspected.

The requested information is required to process your boat operating permit application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. The information provided on this application will become part of the agency's permanent records.

This material can be provided in different forms, such as large print, Braille or audiotape, if you call (651) 284-5080 or (651) 297-4198/TTY.

**Office Use Only**

Permit Number	Date Paid	Check Number	Money Order Number
Interagency Payment		Purchase Order Number (state agencies only)	