



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Outdoor Recreation
Boating Division
Phone: (860) 434-8638

DEEP USE ONLY	
Date received:	_____
App #:	_____
Check #:	_____

Notice of Abandoned Vessel

Part I: Identification of Filer

Name (Party with Standing): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext.: _____ E-mail: _____

Please check one of the following:

I am the owner of property where a vessel has been abandoned.

I am a harbormaster or other agent of the state that has **agreed to accept or process an abandoned vessel***.

I represent a police department or a municipality that has **agreed to accept or process an abandoned vessel***.

I am a licensed motor vehicle dealer or professional marine salvager who is authorized to tow and **I have been engaged by one of the above parties to tow and store the subject vessel***.

I am a contractor, utility or other emergency responder who was contracted by a government agency for emergency services and is responding to a bona fide emergency during a declared emergency or in the aftermath of a declared emergency.

**Please provide a written explanation on a separate sheet.*

Part II: Type of Abandonment (please check one)

The vessel was left on my property for more than 24 hours without my permission.

The vessel was left at a rental property for more than 90 days after the termination of occupancy by the tenant.

The vessel was left on the waters of the state unattended and not anchored, moored, or made fast to the ground for a period greater than twenty-four hours.

The vessel was left at a mooring for more than sixty days after the last full payment was received.

The vessel was left at a storage facility, repair facility or other commercial facility for more than one year after the last full payment was received. Please provide a completed [Initial Certification Form](#)

The vessel was left on the waters of the state for more than 24 hours and the vessel is not properly registered.

The vessel was left in a public right-of way hindering access to public utilities during a declared emergency or was left in a location or condition that creates an imminent danger to public safety or to the environment during a declared emergency.

Part IIIa: Abandoned Vessel Identification

<u>Registration Number</u>	<u>Hull Identification Number</u>	<u>Color</u>	<u>Make/Model</u>	<u>Length</u>
_____	_____	_____	_____	_____

Name and Contact Information for the owner, if known _____ Phone: _____

Name and Address : _____ E-mail: _____

Part IIIb: For All Vessels over 25ft in Length

Yes No Is there a USCG Documentation Number painted or mounted in the cabin or near the operator's station?
e.g. US 123456, 123456, DO 123456

If yes, what is the USCG number? _____

Yes No Is there a name and hailing port painted on the vessel? e.g. MISTY, New London, CT

If yes, what is the vessel's name and hailing port? _____

If yes to any questions above, please contact the DEEP Boating Division prior to sending your application. (860) 434-8638

Part IV: Photographs

You **MUST** submit the following photographs of the abandoned vessel:

- One photograph from the side showing the entire vessel;
- One photograph from the back showing the entire back;
- One photograph of the registration number, if any.

Digital photographs are preferred. Alternatively, you may include printed photographs with this notice – but they must be of sufficient quality for scanning and posting online.

Digital photographs should be emailed to: deep.boating@ct.gov Include in the subject line: “Abandoned Vessel” and the name of the filer.

Part V: Filing Fee

1. You must include a \$20 filing fee along with this notice or it will not be processed unless this notice is being filed during a declared emergency or within 45 days of the end of a declared emergency.
2. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection. Please do not send cash.

This form, any attachments, and the fee should be sent to:

**DEEP Boating Division
333 Ferry Road / P.O. Box 280
Old Lyme, CT 06371-0280
Phone: (860) 434-8638 Fax: (860) 434-3501**

Part VI: Declaration (To be completed in the presence of a Notary)

I declare under penalty of false statement that the information furnished herein is true and complete to the best of my knowledge and belief.

_____ *Authorized Signature of Party with Standing (Sign in the presence of a Notary)* _____ *Date*

Print Name (Party with Standing) _____

State of Connecticut, County of _____ ss. (Town/City) _____

On this the _____ day of _____, 20____, before me, the undersigned officer, personally appeared the aforesaid Authorized Party with Standing, known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledgement that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

_____ *Signature of Notary Public* _____ *Date Commission Expires*

You have the right to designate another person to act as agent on your behalf to complete this process. If you are designating another person to complete this process, please check this box and identify the person on a separate sheet.