

MONTHLY REPORT OF SALE

MD-DNR FORM B207 (Rev 1/23)

Instructions:

1. Sales Report must be legibly printed or typed in black/blue ink.
2. Complete in full, sign and date.
3. Due the 1st day after the end of the reporting month to your managing Service Center by fax or email. Considered late after the 15th of month.
4. Temporary decals and new Maryland boat numbers must be assigned consecutively.
5. Submit a Separate Report for each month. If no sales, check the "NO SALES" designated box.
6. Report ALL sales, including vessels not primarily used in Maryland waters. When applicable; check the designated B110 box. Mail B110 form separately.
7. Mail VOIDED decals with a signed explanation of the void to your managing Service Center. Check the designated VOID box.
8. Retain copies of each report for your records.
9. Call your Service Center if you have any questions.

DEALERSHIP NAME	DEALER NUMBER
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SALES MONTH	SALES YEAR	No Sales <input type="checkbox"/>
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TOTAL COUNT OF ALL SALES <small>(including B110 sales)</small>	TOTAL TEMPORARY DECALS ISSUED	TOTAL MD BOAT NUMBERS ISSUED
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I hereby certify under penalty of perjury that the information in this report is true and accurate.	Signature & Date:
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MD # _____	Decal _____	Issue Date: _____	Date Sold: _____	B110 <input type="checkbox"/>	VOID <input type="checkbox"/>
Previous Registration Number _____ <small>(Doc Vessel/Out of State)</small>	New/Used _____ <small>(circle one)</small>	Length: _____	Year _____	Make _____	
HIN# _____	Gross Purchase Price \$ _____	Trade-In HIN# _____			
Name of Purchaser(s) _____			Telephone #: _____		Department Use <input type="checkbox"/>
Address (street, state, zip) _____					

MD # _____	Decal _____	Issue Date: _____	Date Sold: _____	B110 <input type="checkbox"/>	VOID <input type="checkbox"/>
Previous Registration Number _____ <small>(Doc Vessel/Out of State)</small>	New/Used _____ <small>(circle one)</small>	Length: _____	Year _____	Make _____	
HIN# _____	Gross Purchase Price \$ _____	Trade-In HIN# _____			
Name of Purchaser(s) _____			Telephone #: _____		Department Use <input type="checkbox"/>
Address (street, state, zip) _____					

MD # _____	Decal _____	Issue Date: _____	Date Sold: _____	B110 <input type="checkbox"/>	VOID <input type="checkbox"/>
Previous Registration Number _____ <small>(Doc Vessel/Out of State)</small>	New/Used _____ <small>(circle one)</small>	Length: _____	Year _____	Make _____	
HIN# _____	Gross Purchase Price \$ _____	Trade-In HIN# _____			
Name of Purchaser(s) _____			Telephone #: _____		Department Use <input type="checkbox"/>
Address (street, state, zip) _____					