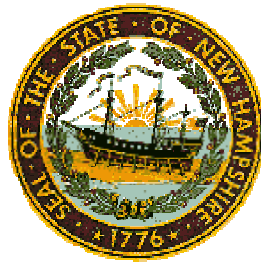


RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

10 Hazen Drive, Concord, NH 03305

Tele: Driver Records (603) 271-2322
 Registration (603) 271-2251
 Repro (603) 271-2128
 Title (603) 271-3111
 Fax (603) 271-1061 (all areas)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certified of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p>Name of Requestor: _____</p> <p>Employer/Company (If, applicable): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy)</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy)</p> <p><input type="checkbox"/> Driver Record (Insurance copy)</p> <p><input type="checkbox"/> Registration Listing (Current Information Only)</p> <p><input type="checkbox"/> Registration (Certified copy)</p> <p><input type="checkbox"/> Title Search</p> <p><input type="checkbox"/> Insurance Card (Accident use only)</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost)</p> <p><input type="checkbox"/> Other: _____</p>	<p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ [RSA 260:14(a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14(a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14(a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) [RSA 260:14 (a)(6)].</p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (b)(2)].</p> <p><input type="checkbox"/> Vehicle information only (Non-title vehicle sold out of state).</p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License / I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>_____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____</p> <p>Other Identification Information: _____</p>
<p>VI. Certification:</p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification to RSA 641:3 and subject to the penalties specified by RSA 260:14, IX.</p> <p>_____ Signature of Requestor</p> <p>Date: _____</p>	<p>VII. Signed Authorization:</p> <p>If you are requesting your record be sent to you through the mail, or released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.</p>

****PLEASE REFER TO THE FOLLOWING PAGE FOR PENALTY CLAUSE****

VII. SIGNED AUTHORIZATION:

I authorize my record to be mailed, r released to a third person:

_____ Date: _____
(Signature)

State of _____, County of: _____ ss Date: _____

The above named _____ personally appeared and made oath that the above declaration by him is true.

In witness whereof I hereunto set my hand and official seal:

Notary Public/Justice of the Peace

Commission Expiration

VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

- (a) A Person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.
- (b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY

Date Received: _____ Date Sent: _____

Type of Identification: Valid Photo Driver License State-issued Photo ID Valid Military Identification
 Valid Passport Birth Certificate Other (specify) _____

ID Number _____

Employee Verifying Applicant Identification (Print Name)

Signature

DO NOT WRITE BELOW THIS LINE