STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY - DIVISION OF MOTOR VEHICLES
23 HAZEN DRIVE, CONCORD, NH 03305

APPLICATION FOR COPY OF REGISTRATION

(Application must be completely filled out)

OWNER'S NAME _____ DOB ____/____/____
Mo Day Yr

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Original Item-Check One: Lost: ____ Stolen: ____ Illegible: ____ Change: ___

Plate Number OR
NH Bow Number _____ Type of Plate _____

Decal Number _____ Expiration Date _____

DESCRIPTION OF VEHICLE/BOAT

Year _____ Make _____ Model _____

Color _____ Cyl _____ Fuel _____

Body Style _____ Gross Weight _____

Vehicle
ID# or Hull
ID#

OWNER'S
SIGNATURE _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3

DO NOT MAIL CASH - Fee: $15.00

RDMV110(Rev. 05/15)