



John J. Barthelmes
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
BUREAU OF TITLE AND ANTI-THEFT
23 Hazen Drive, Concord, NH 03305
TDD Access: Relay NH 1-800-735-2964

Richard C. Bailey, Jr.
Director of Motor Vehicles

APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

I hereby make application, in accordance with the New Hampshire laws for the issuance of a duplicate certificate of title to the below described vehicle. The original certificate has been (check one).

STOLEN LOST DESTROYED MUTILATED BECAME ILLEGIBLE NEVER RECEIVED

LICENSE #:

--	--	--	--	--	--	--	--	--	--

LICENSE #:

--	--	--	--	--	--	--	--	--	--

1. OWNER'S NAME(S)(LAST, FIRST, MIDDLE)						2. DATE(S) OF BIRTH MO/DAY/YR	
(MUST GIVE CURRENT MAILING ADDRESS) STREET OR BOX NO.						A.	
CITY OR TOWN						B.	
STATE				ZIP CODE			
3. LEGAL RESIDENCE IF OTHER THAN MAILING ADDRESS							
4. VEHICLE IDENTIFICATION NUMBER				5. ODOMETER-ACTUAL MILEAGE			
6. MAKE OF VEHICLE		7. MODEL NAME OR NUMBER		8. BODY TYPE		9. VEHICLE COLOR(S)	
10. YR. OF MFG.	11. MODEL YR.	12. NO. OF CYLINDERS	13. GROSS WEIGHT	14. AXLES	15. PREVIOUS TITLE NO.	16. STATE	
THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIENS:							
17. FIRST LIEN HOLDER'S NAME (IF NONE, TYPE NONE)						MOTOR VEHICLE USE ONLY	
ADDRESS							
CITY OR TOWN		STATE		ZIP CODE			
18. SECOND LIEN HOLDER'S NAME & ADDRESS							

PER APPLICATION \$25.00
MAKE CHECK PAYABLE TO:
STATE OF NH - DMV
DO NOT TYPE IN THIS SPACE

APPROVED BY _____

SUSPENDED BY _____

OWNER'S SIGNATURE(S): DMV DOES NOT FORWARD MAIL, PLEASE VERIFY ALL ADDRESSES

19. OWNER'S SIGNATURE(S) OR LIENHOLDER X	READ PENALTY BELOW BEFORE SIGNING X	20. DATE SIGNED (MO/DAY/YR)
--	---	-----------------------------

IF THE OWNER IS A CORPORATION, PARTNERSHIP OR OTHER ASSOCIATION, THE PERSON SIGNING IN BOX 19 MUST CERTIFY BELOW, UNDER PENALTY OF PERJURY, THAT HE/SHE IS AUTHORIZED TO SIGN ON BEHALF OF THE OWNER.

I, _____ HEREBY CERTIFY THAT I AM AN AGENT AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF
 PRINT NAME
 OF _____, THE OWNER NAMED IN BOX 1

AUTHORIZATION FOR MAILING TO LICENSE DEALER:

I/WE HEREBY CERTIFY THAT I/WE INTEND TO TRANSFER MY/OUR INTEREST IN THE ABOVE VEHICLE TO A LICENSED DEALER. I/WE AUTHORIZE THE DIVISION OF MOTOR VEHICLES TO FORWARD THE N.H. CERTIFICATE OF TITLE ISSUED AS A RESULT OF THIS APPLICATION TO THE DEALER NAMED BELOW (SEE REVERSE SIDE "INSTRUCTIONS" #5).

21. DEALER'S NAME:	ADDRESS:	DLR #:
--------------------	----------	--------

OWNER'S SIGNATURE(S) FOR AUTHORIZATION FOR MAILING ONLY:

22. OWNER'S SIGNATURE(S) X	READ PENALTY BELOW BEFORE SIGNING X	23. DATE SIGNED (MO/DAY/YR)
--------------------------------------	---	-----------------------------

PENALTY:
 A PERSON WHO, WITH FRAUDULENT INTENT, USES A FALSE OR FICTITIOUS NAME OR ADDRESS, OR MAKES A MATERIAL FALSE STATEMENT, OR FAILS TO DISCLOSE A SECURITY INTEREST, OR CONCEALS ANY OTHER MATERIAL FACT, IN AN APPLICATION FOR A CERTIFICATE OF TITLE, OR IN ANY PROOF OR STATEMENT IN WRITING IN CONNECTION THEREWITH, SHALL BE GUILTY OF A CLASS B FELONY IF A NATURAL PERSON, OR GUILTY OF A FELONY IF ANY OTHER PERSON, RSA 262:1,1.

IF LIENHOLDER WAS NAMED ON ORIGINAL TITLE, SEE REVERSE SIDE "INSTRUCTIONS" #4

INSTRUCTIONS

1. Duplicate Title Application must be properly executed and submitted with a \$25 fee.
2. If the vehicle was jointly owned, both owners' signatures required.
3. If vehicle model year is 15 years or older, the vehicle is Exempt and no Duplicate Title can be issued.
4. Even though the lien may have been previously satisfied, if the original title named a lienholder, the lien must be released on the form below, or a separate document on bank letterhead, indicating the release of the lien, and shall be signed and notarized by the former lienholder.
5. If seller wants the dealer to receive the Duplicate Certificate of Title from the Division of Motor Vehicles, the "Authorization for Mailing" #21, must be executed in full and seller(s) shall have executed the "Registered Owner's Assignment / Licensed Dealer's Reassignment" on TDMV 17A.

RELEASE OF LIEN OR OTHER ENCUMBRANCES:

THE UNDERSIGNED BEING HOLDER OF A LIEN, OR OTHER ENCUMBRANCES ON THE FOLLOWING DESCRIBED MOTOR VEHICLE.

MAKE: _____ YEAR: _____ BODY STYLE: _____ V.I.N.: _____

OWNED BY: _____

ADDRESS: _____

DOES HEREBY STATE THAT THE LIEN OR OTHER ENCUMBRANCE IS HEREBY RELEASED AND DISCHARGED.

LIENHOLDER'S NAME: _____

ADDRESS: _____

SIGNATURE OF AUTHORIZED AGENT: _____

If you have questions, you may contact the Bureau of Title at 603-227-4150 or via email Title@dos.nh.gov

DMV DOES NOT FORWARD MAIL, PLEASE VERIFY ALL ADDRESSES

For the Bureau of Title to fully assist you, please include a phone number and/or email address we may contact you at if necessary.

Telephone #: () _____

Email Address: _____