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: _____ Lost _____ Stolen _____ Illegible (Check One)

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. 08/09)