



Robert L. Quinn
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 (7-1-1)



John C. Marasco
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 NEVER RECEIVED

CURRENT OWNER DRIVER LICENSE # OR GOVERNMENT ID:

CURRENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:

PER APPLICATION \$25.00

MAKE CHECK PAYABLE TO:
STATE OF NH - DMV

All * fields must be completed in full.

*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. TITLE NO. MV use only	16. MV use only
THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIENS:						
17. FIRST LIEN HOLDER'S NAME (IF NONE, WRITE N/A)					18. MOTOR VEHICLE USE ONLY	
ADDRESS						
CITY OR TOWN					STATE ZIP CODE	

DO NOT WRITE IN THIS SPACE

APPROVED BY _____

SUSPENDED BY _____

OWNER'S SIGNATURE(S): *READ PENALTY BELOW BEFORE SIGNING

19. OWNER'S SIGNATURE(S) OR LIENHOLDER X	20. DATE SIGNED (MO/DAY/YR) X
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I/WE CERTIFY THAT I/WE HAVE TRANSFERRED MY/OUR INTEREST IN THE ABOVE VEHICLE AND AUTHORIZE THE TITLE TO BE MAILED TO THE LICENSED DEALER.

DEALER NAME: _____ DEALER # _____ ADDRESS _____

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. THIS APPLICATION IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3.

I, _____ HEREBY CERTIFY THAT I AM AN AGENT AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF

OF _____ THE OWNER NAMED IN BOX 1

*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.

INSTRUCTIONS

1. If the vehicle is jointly owned, both owners' signatures required.
2. If the vehicle model year is 1999 or older, the vehicle is Exempt and a Title may not be issued.
3. Even though the lien may have been previously satisfied, if the original title named a lienholder, a lien release is needed on form TDMV 20A or on bank letterhead, indicating the lien is released and signed. See below for fax and email.
4. This request will permanently change your address on all DMV records (Registration, Driver, License, Title, etc.).
If you have questions, you may contact the Bureau of Title at 603-227-4150 or via email Title@dps.nh.gov or fax at 603-271-0369.