

New Hampshire MVR State Form Procedures

The process for completing New Hampshire MVR State forms is as follows:

1. Please complete **Step 2** of the form, just providing your name, date of birth, driver's license number and address.

DO NOT SEND PAYMENT OR FORM TO THE STATE OF NEW HAMPSHIRE

- 2. Under **Step 4** Please physically sign the "signature of record holder" field and complete the "date" field. The state of NH will not accept an electronic signature. No notarization is required.
- 3. Please do not sign the **Step 7** section, as this is for Wheels use only.
- 4. Please scan the physically signed form and upload it to the MVR/Abstract Upload page, located under My Profile in your DriverView account. Under "Upload Documents", click "Choose File" and select your saved form. Once successfully uploaded, you will see the file name under Upload History.

You can also mail or fax the completed form to:

Wheels, Inc.

Attn: SafetyFirst P.O. Box 1816

Des Plaines, IL 60017 Fax: 847-627-8662

*If faxing the form, the notary stamp must be visible. If the notary used a raised or embossed stamp, the form must be mailed to Wheels.

**Please note - If your company requires you to submit an authorization through Wheels, please ensure the authorization process is completed prior to the submission of the state form; the form will not be submitted until the authorization process has been completed. The authorization process will appear in Driver Tools as a requirement if it has not yet been completed.

If you have any questions, please contact the Safety Department at safetyfirst@wheels.com.

Thank you for your assistance.





Robert L. Quinn Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

STEPHEN E. MERRILL BUILDING 23 HAZEN DRIVE, CONCORD, NH 03305 Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 9/2020)

STEP 1 What	information are you re		the DMV?	0)	
DRIVER information:	REGISTRATION information:	TITLE information:		TICKET, ACCIDENT OR COURT information:	OTHER information:
 ✓ Driver record, certified copy with current record information (\$15) □ Driver record, insurance copy (\$15) □ A copy of a driver license application (\$15) □ A letter verifying a NH driver license with original issue date (\$15) □ A copy of a Driver Education Certificate (\$1) 	Certified vehicle/vessel information for registration year	title search of an orinformation (\$20): Storage or I Abandoned NH company requinformation: Storage or I Abandoned attach a TD be found on www.nh.gov Title history s vehicle (\$20) duplicate title	Mechanic's Lien Vehicle lest for owner's Mechanic's Lien Vehicle (must MV 71, which can our website Vidmv) earch for a (this is not a	Copy of a ticket (\$1 per page): Date: Copy of a suspension notice (\$1 per page): Date: Copy of a restoration letter (\$1 per page): Date: An accident report (\$5 minimum, \$1 per page. You will be notified if cost exceeds \$5). Please complete the information to the right → → → → → → → → Copy of an insurance card related to an accident (\$1).	Date of accident:
IAM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking. I am representing myself in a court case. Docket # Court: IAM NOT THE RECORD HOLDER, but the record holder has approved this request and has had their signature notarized in Step 4. The requestor may NOT be the Notary or Justice of the Peace. IAM NOT THE RECORD HOLDER but I am a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14. If checking this box, you must disclose what you intend to use this information for. You must also submit a Certificate of Authority, or a current one must be on file at the DMV (see Step 5 for both requirements). STEP 3 Information of the person filling out this formation for You full name: Scott Brinker			Whose information are you looking for (the record holder's information)? *Required information *Full name (include hyphen if applicable): First name Middle name Last name *Date of birth:/ Last known address: Driver license or ID #: Plate or Bow #: Vehicle or Boat Identification Number (VIN/HIN): **Total content of the requestor of the reques		
(Be sure to include a hyphen if applicable.) *Mailing address: 666 Garland PI Des Plaines, IL 60016 Street/PO Box				City/Town	State Zip
If Applicable: Company Name: Wheels In		NHB#_		Prepaid Acct. #:	Zip Zip

Notary Public or Justice of the Peace Acknowledgment	I am the record holder and I authorequester listed in Step 3:	orize my record to be released to the				
	201	Date:/				
This Acknowledgment is required to be signed by the record	Signature of record holder					
holder ONLY if the record holder is authorizing someone	State of, County of	,ss. Date;/				
else to get the requested information.	The above named					
If the requestor is asking for his/her own information, this	appeared and made oath that the above	e declaration by him/her is true.				
section DOES NOT need to be completed, and you may		,				
proceed to Step 6.	Notary Public/Justice of the Peace	Commission expires				
	·	Affix Sea				
Intended Use of Information: To be completed on lienholder, a tow company, a private investigator licensed by the company, a public utility, or a law firm/lawyer, all pursuant to F	his state, an employer, an insurance	Requirements for a Certificate of Authority (C.O.A.):				
For use in connection with any civil, criminal, administrative or arbitral pro Docket #: Court:	Must be on company letterhead.					
By a bank or similar institution to verify the accuracy of personal information bank [RSA 260:14, V(a)(3)].	Must list the types of DMV documents you want.					
For providing notice to the owner(s) of a towed or impounded vehicle [RSA	Must state what you intend to do with the DMV documents named.					
For providing notice to the owner(s) for storage or a Mechanic's Lien	4. Must name employees who may					
For use by any private investigative agency or security service licensed by pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, ma	make requests in person/mail for your company, if any.					
to RSA 260:14 V(a)(8). Indicate specific reason here:	5. Must be signed by the					
By an employer or its agent or insurer to obtain or verify information relating drivers license [RSA 260:14, V(a)(7)].	attorney/owner/principal. 6. The NH DMV must have a new					
By a public utility to perform its public service obligation provided the individer [RSA 260:14, V (a)(9)].	C.O.A. each calendar year. All expire December 31st.					
For an insurance company or its authorized agent [RSA260:14, IV(a)(2)].	7. All requests requiring a C.O.A. must					
For use by a life insurance company authorized to write life insurance police	be completed at Concord DMV.					
checking this, I represent that the named person's written consent to the rele obtained and that the record will be used solely in connection with claims inversed [RSA 260:14, V(a)(10)]. Initial here:	A requestor may not sign or authorize their own C.O.A.					
STEP 6 IMPORTANT!!! Please read the penalty clau	se below:					
RSA 260:14, IX states as follows: (a) A person is guilty of a 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.						
Signature (this step is required):						
I have read the NH law 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 pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.						
Signature of Requestor: Date:						
Submit your romants						

Submit your request:

- NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope). • Mail:
- In person: You are required to bring photo identification that has not been expired for more than 3 years.
- Payment: Please make checks payable to: "State of NH - DMV."