



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  
Telephone: (603) 227-4000 TDD Access Relay NH  
7-1-1



John C. Marasco  
Director of Motor Vehicles

## VERIFICATION OF VEHICLE IDENTIFICATION

This is to certify that I have physically examined at \_\_\_\_\_, N.H., the vehicle described herein:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_ GVW \_\_\_\_\_ Owner's Reg. No. \_\_\_\_\_

and found the vehicle identification number to be

[illegible]

The vehicle identification number appears to be

Altered

11

Unaltered

9

Changed

11

Missing

9

Owner of Vehicle \_\_\_\_\_ Address \_\_\_\_\_

I further certify that the above referred to Vehicle Identification Number was not obtained from any registration or documents relative to this vehicle and was obtained by a **visual inspection** of the Public V.I.N. Plate. Any alterations to the information contained in this form shall make it invalid.

By \_\_\_\_\_ Date \_\_\_\_\_  
Agent's Signature Agent's Printed Name

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

**This form shall only be completed in its entirety by one of the authorized agents listed below:**

[illegible]

Authorized NH Licensed Auto Dealer Plate #	Address
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Authorized NH Inspection Station Station # Tel. No.

Authorized Agent of the Director