

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)



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 DE	STROYED MUTII	LATED BEC	OME ILLEG	SIBLE NEV	ER RE	CEIVED	
LICENSE #:		LICENSE	Ε#:				
1. OWNER'S NAME(S)(LAST,FIRST,N	MIDDLE)					(S) OF BIRTH	7
					MC	D/DAY/YR	PER APPLICATION \$25.00
(MUST GIVE CURRENT MAILING AD	DRESS) STREET OR BOX NO	. (SEE REVERSE SIDE I	INSTRUCTION	S #6)	Α.		MAKE CHECK PAYABLE TO:
					В.		STATE OF NH - DMV
CITY OR TOWN	N STATE			ZIP CODE			DO NOT TYPE IN THIS SPACE
3. LEGAL RESIDENCE IF OTHER THA	AN MAILING ADDRESS						APPROVED BY
VEHICLE IDENTIFICATION NUMBER	-D			5. ODOMETER-A	OTHAL MI	LEACE	SUSPENDED BY
4. VERICLE IDENTIFICATION NUMBER 5. ODOMETI					ACTOAL IVII	LLAGL	
6. MAKE OF VEHICLE 7. MODEL NAME OR NUMBER 8. BODY TY			PE 9. VEHICLE COLOR(S)				=
10. YR. OF MFG. 11. MODEL YR.	12. NO. OF CYLINDERS	13. GROSS WEIGHT	14. AXLES	15. (DMV USE ON	NLY)	16. STATE	
THIS VEHICLE IS SU	BJECT TO THE	FOLLOWING	LIENS				_
17. FIRST LIEN HOLDER'S NAME (IF NONE, TYPE NONE) MOTOR VEHICLI USE ONLY						<u>-</u>	
						OL ONL!	
ADDRESS							
CITY OR TOWN	STATE	ZIP CO	ODE				
18. SECOND LIEN HOLDER'S NA	AME & ADDRESS						
OWNER'S SIGNATU	RE(S): DMV	/ DOES NOT	FORWA	RD MAIL. I	L PLEAS	SE VERIE	Y ALL ADDRESSES
19. OWNER'S SIGNATURE(S) OR LIENHOLDER			READ PENALTY BELOW BEFORE SIGNII			<u> </u>	20. DATE SIGNED (MO/DAY/YR)
X	X						
							IFY BELOW, UNDER PENALTY OF UNDER PENALTY OF UNSWORN
FALSIFICATION PURSUANT TO	RSA 641:3, ALL INFORM	IATION PROVIDED IS	S CORRECT	AND TRUE.		•	
I, PRINT	NAME	HEREBY (CERTIFY TH	AT I AM AN AGEN	NT AUTH	ORIZED TO SI	GN THIS APPLICATION ON BEHALF
OF	NAME	, THE OWNER	NAMED IN I	BOX 1			
AUTHORIZATION FO	OR MAILING TO	LICENSED D	EALER:				
I/WE HEREBY CERTIFY THAT I/ (SEE REVERSE SIDE "INSTRUC		ER MY/OUR INTERES	ST IN THE AE	BOVE VEHICLE T	O A <u>LICE</u>	NSED DEALE	<u>R</u> .
21. DEALER'S NAME:		ADDRESS:					DLR #:
OWNER'S SIGNATU	RE(S) FOR AUT						
22. OWNER'S SIGNATURE(S)		READ PENA	ALTY BELOV	V BEFORE SIGNI	NG		23. DATE SIGNED (MO/DAY/YR)
X		X					

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,I.

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 the vehicle model year is 1999 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. (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).
- 6. This request will permanently change data on all DMV records (Registration, Driver, License, Title, etc.).

RELEASE OF LIEN OR OTHER ENCUMBRANCES:

Email Address:

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 <u>Title@dos.nh.gov</u>
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 #: ()

TDMV 18 (Rev01/17)