



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-Check One: Lost: ____ Stolen: ____ Illegible: ____ Change: ____

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#

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OWNER'S SIGNATURE _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3

DO NOT MAIL CASH - Fee: \$15.00

RDMV110(Rev. 08/11)