



State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Application For Copy of Registration

Owner's Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ E-Mail Address _____
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 _____
Cylinder _____ Fuel _____ Body Style _____ Gross Weight _____

Vehicle ID# or Hull ID#

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Owner's Signature _____

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

Date _____