



State of New Hampshire Department of Safety  
 Division of Motor Vehicles  
 Bureau of Title & Anti-theft

PASS	<input type="checkbox"/>
FAIL	<input type="checkbox"/>

Salvaged Motor Vehicle Affidavit  
 Application

Location:

Inspection Date:

23 HAZEN DRIVE CONCORD, NH 03305 (PH) 603-227-4150 (FX) 603-271-0369

NHI #

NHB #

**OWNER/DEALER INFORMATION**

NAME:

ADDRESS:

BUSINESS NAME IF APPLICABLE:

PHONE #:

**VEHICLE INFORMATION**

VIN NUMBER:

YEAR  MAKE  MODEL

COLOR  SALVAGE TITLE #  STATE

**OWNER/DEALER AFFIDAVIT**

\_\_\_\_\_ I have reconstructed or restored, or caused to be reconstructed or restored, the total loss salvage motor vehicle to its operating condition which existed prior to the event which caused the salvage title to be issued under RSA 261:22 and Saf-C 1922.01

\_\_\_\_\_ The above described vehicle is a total loss salvage motor vehicle that was stolen and recovered with no damage. (per Saf-C 1922.13 a letter must be included by the insurance company stating no damage)

I, \_\_\_\_\_ swear under the penalties of perjury that:

- (I) The identification numbers of the restored or recovered vehicle and it's parts have not been removed, destroyed, falsified, altered or defaced **AND**
- (II) The salvage title document attached to the application has not been forged, falsified, altered or counterfeited; **AND**
- (III) All information contained on the application and its attachments is true and correct to my knowledge.

Signed by \_\_\_\_\_ under the penalties of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**THIS APPLICATION IS SIGNED AND ANY ADDITIONAL INFORMATION IS OFFERED UNDER THE PENALTY OF UNSWORN FALSIFICATION**

**PURSUANT TO RSA 641:3 & 262:7.1**