



John J. Barthelmes
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
TDD Access: Relay NH (7-1-1)



Elizabeth A. Bielecki
Director of Motor Vehicles

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 DESTROYED NEVER RECEIVED

CURRENT OWNER DRIVER LICENSE # OR
GOVERNMENT ID:

CURRENT CO OWNER DRIVER LICENSE # OR
GOVERNMENT ID:

PER APPLICATION \$25.00

**MAKE CHECK PAYABLE TO:
STATE OF NH - DMV**

All * fields must be completed in full.

*1. OWNER'S NAME(S)(LAST, FIRST, MIDDLE)						*2. DATE(S) OF BIRTH MO/DAY/YR	
(MUST GIVE CURRENT MAILING ADDRESS) STREET OR BOX NO.						A.	
CITY OR TOWN						B.	
STATE						ZIP CODE	
*3. LEGAL RESIDENCE IF OTHER THAN MAILING ADDRESS							
*4. VEHICLE IDENTIFICATION NUMBER					5. ODOMETER-ACTUAL MILEAGE		
*6. MAKE OF VEHICLE		*7. MODEL NAME OR NUMBER		8. BODY TYPE		9. VEHICLE COLOR(S)	
10. YR. OF MFG.	*11. MODEL YR.	12. NO. OF CYLINDERS	13. GROSS WEIGHT	14. AXLES	15. TITLE NO. MV use only	16. MV use only	
THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIENS:							
17. FIRST LIEN HOLDER'S NAME (IF NONE, WRITE N/A)						18. MOTOR VEHICLE USE ONLY	
ADDRESS							
CITY OR TOWN						STATE ZIP CODE	

DO NOT WRITE IN THIS SPACE

APPROVED BY _____

SUSPENDED BY _____

OWNER'S SIGNATURE(S): *READ PENALTY BELOW BEFORE SIGNING

19. OWNER'S SIGNATURE(S) OR LIENHOLDER	20. DATE SIGNED (MO/DAY/YR)
X	X

I/WE CERTIFY THAT I/WE HAVE TRANSFERRED MY/OUR INTEREST IN THE ABOVE VEHICLE AND AUTHORIZE THE TITLE TO BE MAILED TO THE LICENSED DEALER.

DEALER NAME: _____ DEALER # _____ ADDRESS _____

IF THE OWNER IS A CORPORATION, PARTNERSHIP OR OTHER ASSOCIATION, THE PERSON SIGNING IN BOX 19 MUST CERTIFY BELOW, UNDER PENALTY OF PERJURY, THAT HE/SHE IS AUTHORIZED TO SIGN ON BEHALF OF THE OWNER. THIS APPLICATION IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3.

I, _____ **HEREBY CERTIFY THAT I AM AN AGENT AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF**
PRINT NAME

OF _____ **THE OWNER NAMED IN BOX 1**
PRINTED COMPANY NAME

***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

- If the vehicle is jointly owned, both owners' signatures required.
- If the vehicle model year is 1999 or older, the vehicle is Exempt and a Title may not be issued.
- Even though the lien may have been previously satisfied, if the original title named a lienholder, a lien release is needed on form TDMV 20A or on bank letterhead, indicating the lien is released and signed.
- This request will permanently change your address on all DMV records (Registration, Driver, License, Title, etc.).
If you have questions, you may contact the Bureau of Title at 603-227-4150 or via email Title@dos.nh.gov