

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	L	ost 🗆	DESTROYED] N	EVER RECEIVE	D 🗆		
CURRENT OWNER DRIVER LICENSE # OR CURRENT CO OWNER DRIVER LICENSE # OR								PER APPLICATION \$25.00
GOVERNMENT ID: GOVERNMENT ID:							MAKE CHECK PAYABLE TO: STATE OF NH - DMV	
All * fields must be	complete	ed in full.						2
*1. OWNER'S NAME(S)(LAST,FIRST,MIDDLE) *2. DATE(S) OF BIRTI MO/DAY/YR								DO NOT WRITE IN THIS SPACE APPROVED BY
(MUST GIVE CURRENT	MAILING ADI	DRESS) STREET OR BOX N	NO.			А. В.		SUSPENDED BY
CITY OR TOWN			STATE	ZIP CODE	CODE			
*3. LEGAL RESIDENCE	IF OTHER TH	HAN MAILING ADDRESS						
*4. VEHICLE IDENTIFICATION NUMBER 5. ODOMETER-ACTUAL N							ILEAGE	
*6. MAKE OF VEHICLE		*7. MODEL NAME OR NUM	NUMBER 8. BODY TYPE		9. VEHICLE COLOR(S)			
10. YR. OF MFG.	11. MODEL YE	R. 12. NO. OF CYLINDERS	13. GROSS WEIGHT	T 14. AXLES	15. TITLE NO. MV	/ use only	16. MV use only	
THIS VEHICL	F IS SI	IR IECT TO THE	F FOLLOWIN	IC LIENS				
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								
OWNER'S SI	GNATU	RE(S): *READ F	PENALTY BELOW BEF	ORE SIGNING				
19. OWNER'S SIGNATURE(S) OR LIENHOLDER								20. DATE SIGNED (MO/DAY/YR)
X	X							
I/WE CERTIFY T DEALER.	HAT I/WE H	AVE TRANSFERRED M	Y/OUR INTEREST I	N THE ABOVE	VEHICLE AND A	AUTHORIZ	ZE THE TITLE 1	TO BE MAILED TO THE LICENSED
DEALER NAME:			DEALER #	AD	DRESS			
UNDER PENALTY	OF PERJ		IS AUTHORIZED	TO SIGN C				BOX 19 MUST CERTIFY BELOW APPLICATION IS SIGNED UNDER
I,		HERI	EBY CERTIFY TH	HAT I AM AN	NAGENT AUTH	IORIZEI	D TO SIGN TI	HIS APPLICATION ON BEHALF
	PRINT NAME							
OF	PRINTED CO	MPANY NAME	THE O	OWNER NAM	IED IN BOX 1			
SECURITY INTEREST	N WHO, WITH	I FRAUDULENT INTENT, U	L FACT, IN AN APPLIC	CATION FOR A	CERTIFICATE OF T	ITLE, OR I	N ANY PROOF OF	TATEMENT, OR FAILS TO DISCLOSE A R STATEMENT IN WRITING IN CONNECTION
THEREWITH, SHALL	DE GUILTT	OF A CLASS D FELUNI IF A	HATURAL FERSUN, C	INSTRUCTIO		THER FER	5011, R5A 202:1,1.	
1 If the vehicle i	s inintly ow	ned, both owners' sig	natures required	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110			
2. If the vehicle r	model year	is 1999 or older, the	vehicle is Exempt a				release is nee	eded on form TDMV 20A or on

bank letterhead, indicating the lien is released and signed. See below for fax and email.

TDMV18 (Rev 05/19)

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 or fax at 603-271-0369.