



Robert L. Quinn  
Commissioner of Safety

State of New Hampshire  
Department of Safety  
Division of Motor Vehicles  
23 Hazen Drive, Concord, NH 03305  
Telephone: (603) 227-4050 Relay NH 7-1-1



John C. Marasco  
Director of Motor Vehicles

**REQUEST FOR ADMINISTRATIVE ACTION**  
**For Law Enforcement Use Only**

To: Director of Motor Vehicles  
Stephen E. Merrill Building  
23 Hazen Drive  
Concord, NH 03305  
Email: dos.dmv.admin@dos.nh.gov  
Fax: 603-271-7800

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Operator Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
License Number: \_\_\_\_\_ State: \_\_\_\_\_

**The above individual was involved in the following:**

- |                                      |                                            |
|--------------------------------------|--------------------------------------------|
| Motor Vehicle Accident with Fatality | Motor Vehicle Accident with Serious Injury |
| Improper Driving / Incompetency      | Medical Reasons                            |
| False Statement on License           | False Statement on Registration            |
| Other: _____                         |                                            |

**Requested Action (choose one):**

- |                                     |                         |
|-------------------------------------|-------------------------|
| Motor Vehicle Driver Re-Examination | Immediate Suspension    |
| Motor Vehicle Hearing               | Other (describe): _____ |

**BASIS FOR ACTION (supporting documentation for this incident or accident must be attached):**

Arrested: YES NO Summomed: YES NO Charge: \_\_\_\_\_

\_\_\_\_\_  
Officer's (Requestor) Signature

\_\_\_\_\_  
Officer's Name (print/type)

\_\_\_\_\_  
Approving Official's Signature

\_\_\_\_\_  
Date