Robert L. Quinn
Commissioner of Safety

NH DEPARTMENT OF SAFETY
Division of Motor Vehicles

Stephen E. Merrill Building
23 Hazen Drive, Concord, NH 03305
TDD Access: Relay NH 1-800-735-2964

Elizabeth A. Bielecki
Director of Motor Vehicles

CUSTOM VEHICLE VERIFICATION

Name of Applicant/Owner: _____

Year: _____ VIN: | | | | | | | | | | | | | | | | | |

Make of body that the custom vehicle resembles or was based upon: _____

I certify that the above described vehicle is garaged and maintained in the State of New Hampshire, and the vehicle is NOT intended for daily commuting use.

Signature of Applicant/Owner: _____

This certificate verifies that the vehicle described hereon meets the specifications and requirements for a Custom Vehicle as defined in RSA 259:17-a.

Certifying Authority: _____ _____
Signature *Date*

_____ _____
Name (Print) *Title / ID#*

For DMV use only:	***Decal # Issued:***	***Issue Date:***

259:17-a Custom Vehicle. – "Custom vehicle" shall mean any motor vehicle that is at least 30 model years old and has been altered from the manufacturer's original design or has a body constructed from non-original materials, but which is not a street rod and does not weigh more than 6,000 pounds.

Source. 2010, 353:1, eff. Jan. 1, 2011.