



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)227-4030 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

Application – Boat Repair Dealer Registration
RSA 270-E:16

Please check one: ORIGINAL RENEWAL DEALER NUMBER _____

Corporate Name: _____ FED ID#: _____

Trade Name: _____ FED ID#: _____

Mailing Address: _____
RR/RFD/PO Box _____ Town/City _____ State _____ Zip Code _____

Legal Address: _____
Street/Road _____ Town/City _____ State _____ Zip Code _____

Business Telephone Number: _____ Business Hours: _____ to _____

Business Email: _____ Business Days: _____

Owners/Partners/Officers:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Title</u>

- Does the location and operation of this business comply with all local zoning or other regulatory requirements? YES NO
- Are you principally engaged in the maintenance or repairing of boats? YES NO
- Do you agree to notify the Director, in writing, of any change of address or business status, including ownership, 30 days prior to the effective date of such change? YES NO

FOR RENEWALS ONLY

A. Please conduct a physical inventory of all Bow Numbers issued to your business. List in numerical and alphabetical sequence.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Has there been ANY change in ownership or location of this business which has not previously been reported, in writing, to the Director? YES NO

I/we certify that the answers provided on this application are true and correct and that I/we are engaged in the business of maintaining and repairing boats.

I/we certify that the location and operation of this business does not violate any existing local ordinances or regulations.

I/we will become completely familiar with, and agree to abide by, those laws and regulations which relate to Boat Repair registrations, recognizing that any misuse or abuse of these privileges may result in further review and possible suspension or revocation of my appointment as a Boat Repair Dealer.

OWNER'S NAME: _____ TITLE: _____
Please Print

OWNER'S SIGNATURE: _____ DATE: _____

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

FEE: \$5.00 First Bow Number
\$3.00 Each Additional Bow Number