

## 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 LOST DESTROYED NEVER RECEIVED  CURRENT OWNER DRIVER LICENSE # OR GOVERNMENT ID:  GOVERNMENT ID:  All * fields must be completed in full.  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSENT CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO OWNER DRIVER LICENSE # OR GOVERNMENT ID:  ** OURSEN CO					PER APPLICATION \$25.00  MAKE CHECK PAYABLE TO: STATE OF NH - DMV  DO NOT WRITE IN THIS SPACE
*1. OWNER'S NAME(S)(LAST,FIRST,MIDDLE)  (MUST GIVE CURRENT MAILING ADDRESS) STREET OR BOX NO.				*2. DATE(S) OF BIRTH MO/DAY/YR	APPROVED BY
CITY OR TOWN STATE ZIP CODE				В.	SUSPENDED BY ———
*3. LEGAL RESIDENCE IF OTHER THAN MAILING ADDRESS					
*4. VEHICLE IDENTIFICATION NUMBER  5. ODOMETER-ACTUAL MILEAGE					
*6. MAKE OF VEHICLE	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. GR	ROSS 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  OWNER'S SIGNATURE(S): *READ PENALTY BELOW BEFORE SIGNING					
19. OWNER'S SIGNATURE(S): *READ PENALTY BELOW BEFORE SIGNING  19. OWNER'S SIGNATURE(S) OR LIENHOLDER  X  20. DATE SIGNED (MO/DAY/YR)					
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					
OFTHE 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					
1. If the vehicle is jointly owned, both owners' signatures required. 2. If the vehicle model year is 1999 or older, the vehicle is Exempt and a Title may not be issued. 3. 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					

- 3. 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. See below for fax and email.
- 4. 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.

TDMV18 (Rev 03/22)