



State of New Hampshire Department of Safety
Division of Motor Vehicles
Bureau of Title & Anti-theft
Salvaged Motor Vehicle Affidavit

PASS	<input type="checkbox"/>
FAIL	<input type="checkbox"/>

Inspection Date:

Location:

Application

23 HAZEN DRIVE CONCORD, NH 03305 (PH) 603-227-4150 (FX) 603-271-0369

NHI #

NHB #

Failure to complete this form in full will result in being turned away and you will have to reschedule your appointment.

OWNER/DEALER INFORMATION

NAME: _____

ADDRESS: _____

BUSINESS NAME IF APPLICABLE: _____

PHONE #:

VEHICLE INFORMATION

VIN:

YEAR _____ MAKE _____ MODEL _____

COLOR _____ SALVAGE TITLE # _____ STATE _____

OWNER/DEALER AFFIDAVIT

_____ I have reconstructed or restored, or caused to be reconstructed or restored, the total loss salvage motor vehicle to its operating condition which existed prior to the event which caused the salvage title to be issued under RSA 261:22 and Saf-C 1922.01

_____ The above described vehicle is a total loss salvage motor vehicle that was stolen and recovered with no damage. (per Saf-C 1922.13 a letter must be included by the insurance company stating no damage)

I, _____ swear under the penalties of perjury that:

- (I) The identification numbers of the restored or recovered vehicle and it's parts have not been removed, destroyed, falsified, altered or defaced **AND**
- (II) The salvage title document attached to the application has not been forged, falsified, altered or counterfeited; **AND**
- (III) All information contained on the application and its attachments is true and correct to my knowledge.

Signed by _____ under the penalties of perjury, this _____ day of _____, 20____.

THIS APPLICATION IS SIGNED AND ANY ADDITIONAL INFORMATION IS OFFERED UNDER THE PENALTY OF

UNSWORN FALSIFICATION PURSUANT TO RSA 641:3 & 262:1