



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



John C. Marasco
Director of Motor Vehicles

CUSTOM VEHICLE VERIFICATION

Name of Applicant/Owner: _____

Year: _____

VIN:

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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:
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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.