## State of New Hampshire

JOHN J. BARTHELMES COMMISSIONER OF SAFETY



JOHN C. MARASCO
DIRECTOR OF MOTOR VEHICLES

# DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

## APPLICATION FOR OBD ECONOMIC HARDSHIP WAIVER

(Private vehicles only – No commercially registered vehicles)

Pursuant to the provisions of RSA 266:59-b (V), the below-signed individual may make application for an Economic Hardship Waiver of that portion of the New Hampshire Official Inspection process requiring compliance with Federal Environmental Protection Agency (EPA) standards regarding motor vehicle On-Board Diagnostic (OBD) Systems.

Only the registered owner of the vehicle may make application.

All Economic Hardship Waivers shall be granted or denied after receipt by the Division of Motor Vehicles (DMV) of a completed application. If the application is incomplete, the DMV will notify the applicant in writing indicating the reason(s) for incompleteness.

All inquiries regarding Economic Hardship Waivers must be directed to:

NH Department of Safety Division of Motor Vehicles OBD Program Telephone (603) 227-4120

The entire completed application for an Economic Hardship Waiver must be forwarded to:

NH Department of Safety Division of Motor Vehicles Attn. OBD Program 23 Hazen Drive Concord, NH 03305

### **Applicant must include:**

- 1. A copy of the Vehicle Inspection Report generated by an official inspection station that indicates the vehicle passed a safety inspection and identifies the reason(s) for an OBD failure with this application.
- 2. Legible copies of at least one estimate for repair of OBD II components from a recognized repair technician (i.e., professionally engaged in vehicle repair having recognized certification for emission-related diagnostics and repair) with this application.

The following pages must be completed without exception. Do not leave any sections blank. PLEASE ALLOW 10-14 DAYS TO PROCESS COMPLETED APPLICATIONS

#### This document and following page must be completed without exception.

Under penalty of Unsworn Falsification (RSA 641:3), the applicant shall provide the following information: Last Name Date of Birth Address: **Telephone:** Number of occupants in the Applicant's Household? State City/Town Zip 4. DESCRIPTION OF VEHICLE Manufacturer: Model: **Vehicle Identification Number (VIN):** Approximate number of miles driver per year: Currently Employed: **5. APPLICANT EMPLOYMENT STATUS:** Part time **Not Employed** If currently employed, Name and address of employer(s): (If additional space is required, please use separate sheet) 6. List all forms of annual household income for each member of the household in exact dollar amounts (for example the net income filed on your most recent income tax return. Do not send the tax return or pay stubs) including, but not limited to savings, trust funds, pensions, civil settlements, social security, state and/or federal financial aid/assistance, food-stamps, etc.: **Applicant Income:** Additional Household **Member Income:** Additional Household Member Income: (If additional space is required, please attach a separate sheet of paper) 7. Complete list and description of any and all other motorized vehicles owned by the applicant or other household member requiring registration. If none put "N/A." If additional space is required, attach a separate paper as needed. Model: 1: Manufacturer: Vehicle Identification Number (VIN):

Model:

Year:

2:

Manufacturer:

Vehicle Identification Number (VIN):

a. A detailed explanation as to the financial hardship that the cost of the repairs of the OBD system to the vehicle noted above will cause you <b>must be provided</b> . If additional space is required, please use separate sheet.	
Certification of Information	
Furthermore, I understand that the described motor vehicle may the OBD failure pursuant to RSA 266:59-b (VI).  Finally, I understand that in the event an <b>Economic Hardship Vaiver</b> shall be valid for <b>one</b> <u>inspection period only</u> and may not	Waiver is granted, such Economic Hardship
(Signature of applicant)	(Date)
RSA 641:3 Unsworn Falsification. – A person is guilty of a mise	demeanor if:
I. He or she makes a written or electronic false statement which h pursuant to a form bearing a notification authorized by law to the punishable; or	
II. With a purpose to deceive a public servant in the performance (a) Makes any written or electronic false statement which he or sh (b) Knowingly creates a false impression in a written application information necessary to prevent statements therein from being m (c) Submits or invites reliance on any writing which he or she known in the performance of	ne does not believe to be true; or for any pecuniary or other benefit by omitting hisleading; or
RSA 266:59-b provides for a vehicle that fails the EPA OBD II to be issued one temporary waiver during its inspection cycle that date of issuance, in order to make repairs. If the financial circums such that they can not afford to make such repairs, the foregoing	t permits its operation for 60 days from the stances of the registered owner of a vehicle are