



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



John C. Marasco  
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