

**RELEASE OF
MOTOR VEHICLE
RECORDS**
(Pursuant to RSA 260:14)



MVR Account No. _____
**NH DEPARTMENT OF SAFETY
 DIVISION of MOTOR VEHICLES**
 10 Hazen Drive, Concord, NH 03305

Form DSMV 505 (Rev. 09/01)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <i>The back of this form must be completed and notarized.</i></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <i>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</i></p>	<p>II. Requestor Information:</p> <p style="text-align: right;">Julie Bales</p> <p>Name of Requestor: _____ MVR's Inc.</p> <p>Employer/Company (if applicable): _____ 3837 Plaza Tower Dr. Suite C</p> <p>Address: _____</p> <p style="text-align: center;">Baton Rouge LA 70816</p> <p>City: _____ State: _____ Zip: _____</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$10.00</p> <p><input type="checkbox"/> Driver Record(Non-Certified copy): \$ 7.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 7.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified Copy): \$10.00</p> <p><input type="checkbox"/> Title Search: \$20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$10.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost) \$ 1.00 (per page)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p style="text-align: center;">Make checks payable to "State of NH -DMV"</p>	<p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) _____ [RSA 260:14 V (a)(6)]. Indicate specific reason here</p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a) (9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (b)(2)].</p> <p><input type="checkbox"/> Vehicle information only (Non-title vehicle sold out of state).</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10)) (Initial here)</p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>_____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____</p> <p>Other Identification Information: _____</p>

***** Reverse Side Must Be Completed Before Processing *****

VI. Signed Authorization:

If you are requesting your record be sent to you through the mail, or released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement: I authorize my record to be mailed, or released to a third person: _____ (Signature) Date: _____ State of _____, County of: _____ ss Date: _____ The above named _____ personally appeared and made oath that the above declaration by him is true. In witness whereof I hereunto set my hand and official seal: _____ Notary Public/Justice of the Peace Commission Expiration _____	Certification: I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX _____ Signature of Requestor Date: _____
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

- (a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.
- (b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification <input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify)	
ID Number _____	
_____ Employee Verifying Applicant Identification (Print Name)	_____ Signature

-----DO NOT WRITE BELOW THIS LINE-----