



Robert L. Quinn  
Commissioner of Safety

# State of New Hampshire

**DEPARTMENT OF SAFETY**  
**DIVISION OF MOTOR VEHICLES**  
BUREAU OF TITLE AND ANTI-THEFT  
23 Hazen Drive, Concord, NH 03305  
TDD Access: Relay NH (7-1-1)



John C. Marasco  
Director of Motor Vehicles

## APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

I hereby make application, in accordance with the New Hampshire laws for the issuance of a duplicate certificate of title to the below described vehicle. The original certificate has been (check one).

STOLEN       LOST       DESTROYED       NEVER RECEIVED

CURRENT OWNER DRIVER LICENSE # OR  
GOVERNMENT ID:

CURRENT CO OWNER DRIVER LICENSE # OR  
GOVERNMENT ID:



**PER APPLICATION**  
**\$35.00 (RSA 261:20)**

**MAKE CHECK PAYABLE TO:**  
**STATE OF NH - DMV**

All \* fields must be completed in full.

*1. OWNER'S NAME(S)(LAST, FIRST, MIDDLE)						*2. DATE(S) OF BIRTH MO/DAY/YR	
(MUST GIVE CURRENT MAILING ADDRESS) STREET OR BOX NO.						A.	
CITY OR TOWN						B.	
STATE				ZIP CODE			
*3. LEGAL RESIDENCE IF OTHER THAN MAILING ADDRESS							
*4. VEHICLE IDENTIFICATION NUMBER					5. ODOMETER-ACTUAL MILEAGE		
*6. MAKE OF VEHICLE		*7. MODEL NAME OR NUMBER		8. BODY TYPE		9. VEHICLE COLOR(S)	
10. YR. OF MFG.	*11. MODEL YR.	12. NO. OF CYLINDERS	13. GROSS WEIGHT	14. AXLES	15. TITLE NO. MV use only	16. MV use only	
<b>THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIENS:</b>							
17. FIRST LIEN HOLDER'S NAME (IF NONE, WRITE N/A)						18. MOTOR VEHICLE USE ONLY	
ADDRESS							
CITY OR TOWN				STATE		ZIP CODE	

**DO NOT WRITE IN THIS SPACE**

**APPROVED BY**

**SUSPENDED BY** \_\_\_\_\_

**OWNER'S SIGNATURE(S):**      \*READ PENALTY BELOW BEFORE SIGNING

19. OWNER'S SIGNATURE(S) OR LIENHOLDER <b>X</b>	20. DATE SIGNED (MO/DAY/YR) <b>X</b>
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I/WE CERTIFY THAT I/WE HAVE TRANSFERRED MY/OUR INTEREST IN THE ABOVE VEHICLE AND AUTHORIZE THE TITLE TO BE MAILED TO THE LICENSED DEALER.

DEALER NAME: \_\_\_\_\_ DEALER # \_\_\_\_\_ ADDRESS \_\_\_\_\_

IF THE OWNER IS A CORPORATION, PARTNERSHIP OR OTHER ASSOCIATION, THE PERSON SIGNING IN BOX 19 MUST CERTIFY BELOW, UNDER PENALTY OF PERJURY, THAT HE/SHE IS AUTHORIZED TO SIGN ON BEHALF OF THE OWNER. THIS APPLICATION IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3.

I, \_\_\_\_\_ **HEREBY CERTIFY THAT I AM AN AGENT AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF**

PRINT NAME

OF \_\_\_\_\_ **THE OWNER NAMED IN BOX 1**

PRINTED COMPANY NAME

**\*PENALTY: A PERSON WHO, WITH FRAUDULENT INTENT, USES A FALSE OR FICTITIOUS NAME OR ADDRESS, OR MAKES A MATERIAL FALSE STATEMENT, OR FAILS TO DISCLOSE A SECURITY INTEREST, OR CONCEALS ANY OTHER MATERIAL FACT, IN AN APPLICATION FOR A CERTIFICATE OF TITLE, OR IN ANY PROOF OR STATEMENT IN WRITING IN CONNECTION THEREWITH, SHALL BE GUILTY OF A CLASS B FELONY IF A NATURAL PERSON, OR GUILTY OF A FELONY IF ANY OTHER PERSON, RSA 262:1.I.**

**INSTRUCTIONS**

1. If the vehicle is jointly owned, both owners' signatures required.
2. If the vehicle model year is 1999 or older, the vehicle is Exempt and a Title may not be issued.
3. Even though the lien may have been previously satisfied, if the original title named a lienholder, a lien release is needed on form TDMV 20A or on bank letterhead, indicating the lien is released and signed. See below for fax and email.
4. This request will permanently change your address on all DMV records (Registration, Driver, License, Title, etc.).  
If you have questions, you may contact the Bureau of Title at 603-227-4150 or via email [Title@dos.nh.gov](mailto:Title@dos.nh.gov) or fax at 603-271-0369.