

# RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



## NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Tele: Driver Records (603) 271-2322  
 Registration (603) 271-2251  
 Repro (603) 271-2128  
 Title (603) 271-3111  
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 07/03)

<p><b>I. Requested Information: Are you requesting:</b></p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record?  <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company?  <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p><b>II. Requestor Information:</b></p> <p>Name of Requestor: _____</p> <p>Employer/Company (if applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p><b>III. Requested Records:</b></p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 8.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 8.00</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 (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____ : \$ _____</p> <p><b>Make checks payable to "State of NH - DMV"</b></p>	<p><b>IV. Intended Use of Information:</b></p> <p><b><u>IMPORTANT: To be completed only if you checked Box C above</u></b></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding.              Docket # _____ Court: _____ [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)].  <small>Indicate specific reason here</small></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 (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</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. <b>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.</b> _____ [(RSA 260:14, V(a)(10))]  <small>(Initial here)</small></p>
<p><b>V. Search For (provide all applicable information):</b></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>Date of Accident: _____</p> <p>Location of Accident: _____  <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

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

