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
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1

Elizabeth A. Bielecki
Director of Motor Vehicles

VERIFICATION OF VEHICLE IDENTIFICATION

This is to certify that I have physically examined at _____, N.H., the vehicle described herein:

Year _____ Make _____ Model _____ Body Style _____ GVW _____ Owner's Reg. No. _____

and found the vehicle identification number to be | | | | | | | | | | | | | | | | | |

The vehicle identification number appears to be Altered ☐ Unaltered ☐ Changed ☐ Missing ☐

Owner of Vehicle _____ Address _____

I further certify that the above referred to Vehicle Identification Number was not obtained from any registration or documents relative to this vehicle and was obtained by a **visual inspection** of the Public V.I.N. Plate. Any alterations to the information contained in this form shall make it invalid.

By _____ _____ Date _____
Agent's Signature Agent's Printed Name

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

This form shall only be completed in its entirety by one of the authorized agents listed below:

New Hampshire Law Enforcement Officer Badge # _____ Agency _____

Authorized NH Licensed Auto Dealer Plate # _____ Address _____

Authorized NH Inspection Station Station # _____ Tel. No. _____

Authorized Agent of the Director _____