



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 

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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 \_\_\_\_\_