



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

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RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 9/2020)

STEP 1

What information are you requesting from the DMV?

DRIVER information:	REGISTRATION information:	TITLE information:	TICKET, ACCIDENT OR COURT information:	OTHER information:
<input type="checkbox"/> Driver record, certified copy with current record information (\$15) <input type="checkbox"/> Driver record, insurance copy (\$15) <input type="checkbox"/> A copy of a driver license application (\$15) <input type="checkbox"/> A letter verifying a NH driver license with original issue date (\$15) <input type="checkbox"/> A copy of a Driver Education Certificate (\$1)	<input type="checkbox"/> Certified vehicle/vessel information for registration year _____ (\$15) <input type="checkbox"/> A letter verifying a walking disability placard (\$15) <input type="checkbox"/> Report of only currently registered vehicles (\$5) <input type="checkbox"/> A copy of a bill of sale (\$1)	Out-of-state company request for a title search of an owner's information (\$20): <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle NH company request for owner's information: <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle (must attach a TDMV 71, which can be found on our website www.nh.gov/dmv) <input type="checkbox"/> Title history search for a vehicle (\$20) (this is not a duplicate title) <input type="checkbox"/> Titled owner's supporting documents submitted when applying for a title (\$1 per page)	<input type="checkbox"/> Copy of a ticket (\$1 per page): Date: _____ <input type="checkbox"/> Copy of a suspension notice (\$1 per page): Date: _____ <input type="checkbox"/> Copy of a restoration letter (\$1 per page): Date: _____ <input type="checkbox"/> An accident report (\$5 minimum, \$1 per page. You will be notified if cost exceeds \$5). Please complete the information to the right → → → → → → → → → → → <input type="checkbox"/> Copy of an insurance card related to an accident (\$1).	<input type="checkbox"/> Other (please specify): _____ _____ _____ _____ Date of accident: ____/____/____ Location of accident: _____ <small>Street or Route</small> _____ <small>City/Town</small>

STEP 2

Who are you? Check ONE of the three boxes below:

Whose information are you looking for (the record holder's information)? *Required information

- I AM THE RECORD HOLDER OR VEHICLE OWNER** of the above documents I am seeking.
 I am representing myself in a court case.
 Docket # _____ Court: _____
- I AM NOT THE RECORD HOLDER, but the record holder has approved this request and has had their signature notarized in Step 4. The requestor may NOT be the Notary or Justice of the Peace.**
- I AM NOT THE RECORD HOLDER but I am a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14.** If checking this box, you must disclose what you intend to use this information for. You must also submit a Certificate of Authority, or a current one must be on file at the DMV (see Step 5 for both requirements).

*Full name (include hyphen if applicable):

First name Middle name Last name

*Date of birth: ____/____/____

Last known address: _____

Driver license or ID #: _____

----- OR -----

Plate or Bow #: _____

Vehicle or Boat Identification Number (VIN/HIN):

STEP 3

Information of the person filling out this form (the requestor): *Required information

*Your full name: _____ Your phone number: (____) _____ - _____
(Be sure to include a hyphen if applicable.)

*Mailing address: _____
Street/PO Box City/Town State Zip

If Applicable:
 Company Name: _____ NHB# _____ Prepaid Acct. #: _____

STEP 4

Notary Public or Justice of the Peace Acknowledgment



This Acknowledgment is required to be signed by the record holder ONLY if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section **DOES NOT** need to be completed, and you may proceed to Step 6.

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

_____/_____/_____
Signature of record holder Date: ____/____/____

State of _____, County of _____, ss. Date: ____/____/____

The above named _____ personally appeared and made oath that the above declaration by him/her is true.

_____/_____/_____
Notary Public/Justice of the Peace Commission expires

Affix Seal

STEP 5

Intended Use of Information: To be completed only if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

- For use in connection with any **civil, criminal, administrative or arbitral proceeding**. [RSA 260:14, V(a)(2)].
Docket #: _____ Court: _____
- 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)].
- For providing notice to the owner(s) of a **towed or impounded vehicle** [RSA 260:14, V(a)(5)]
- For providing notice to the owner(s) for **storage** or a **Mechanic's Lien**
- 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). Indicate specific reason here: _____ [RSA 260:14, V(a)(6)].
- By an **employer or its agent or insurer** to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].
- By a **public utility** to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V(a)(9)].
- For an **insurance company** or its authorized agent [RSA 260:14, IV(a)(2)].
- For use by a **life insurance company** authorized to write life insurance policies, or its authorized agent. In checking this, 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: _____

Requirements for a Certificate of Authority (C.O.A.):

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31st.
7. All requests requiring a C.O.A. must be completed at Concord DMV.
8. A requestor may not sign or authorize their own C.O.A.

STEP 6

IMPORTANT!!! Please read the penalty clause below:

RSA 260:14, IX states as follows: (a) A person is guilty of a 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.

STEP 7

Signature (this step is required):

I have read the NH law 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 NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: _____ Date: ____/____/____

STEP 8

Submit your request:

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."