# Scerling

### New Hampshire MVR Requests

The end user is required to complete a New Hampshire State release form (DSMV 505) when requesting New Hampshire DMV records for employment purposes. The release form must be filled out, signed and notarized prior to requesting the NH MVR.

#### Instructions for completing the New Hampshire Release Form:

To be completed by the client/employer:

- Step 1: Check the first box "Driver record, certified copy (\$15)
- Step 2: Check the box "I am not the record holder" See below for Step 2.
- Step 3: The end user/employer must enter their company information and name of the requestor.
- Step 4: See below to be completed by the applicant.
- Step 5: Intended Use of Information (does not need to be checked- leave blank)

To be completed by the applicant or the client/employer:

• Step 2: Complete applicant information. Registration/Plate # and Vehicle Identification # are not required.

To be completed by the applicant:

• Section 4: Signed authorization by the applicant and Notary signature and stamp are required. In the Certification Box, the signature of the requestor (end user/employer) is required.

Read and review:

- Step 6: Penalty Clause, read and understand RSA 260:14.
- Step 7: The end user/employer aka the requestor must sign the form.

#### **IMPORTANT:**

The Form DSMV 505:

- 1. Must be completed prior to requesting New Hampshire DMV information.
- 2. Must be completed as directed and kept on file by the end-user/employer.
- 3. Must be made available upon request by Sterling Talent Solutions.



Robert L. Quinn Commissioner of Safety

Company Name:

## State of New Hampshire DEPARTMENT OF SAFETY

DIVISION OF MOTOR VEHICLES STEPHEN E. MERRILL BUILDING

23 HAZEN DRIVE, CONCORD, NH 03305 Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1



## RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 3/22)

STEP 1 What information are you requesting from the DMV?							
DRIVER information:	REGISTRATION information:	TIT inform		TICKET, ACCIDENT O COURT information			
<ul> <li>Driver record, certified copy with current record information (\$15)</li> <li>Driver record, insurance copy (\$15)</li> <li>A copy of a driver license application (\$15)</li> <li>A letter verifying a NH driver license with original issue date (\$15)</li> <li>A copy of a Driver</li> </ul>	<ul> <li>Certified vehicle/vessel information for registration year(\$15)</li> <li>A letter verifying a walking disability placard (\$15)</li> <li>Report of only currently registered vehicles (\$5)</li> <li>A copy of a bill of sale (\$1)</li> </ul>	Out-of-state comp title search of an or information (\$20): Storage or N Abandoned NH company requ information: Storage or N Abandoned attach a TDI be found on www.nh.gov	bany request for a wner's Mechanic's Lien Vehicle lest for owner's Mechanic's Lien Vehicle (must MV 71, which can our website (/dmv)	<ul> <li>Copy of a ticket (\$1 per page): Date:</li> <li>Copy of a suspension notice (\$1 per page): Date:</li> <li>Copy of a restoration I (\$1 per page): Date:</li> <li>Copy of a restoration I (\$1 per page): Date:</li> <li>An accident report (\$5 minimum, \$1 per page You will be notified if cexceeds \$5). Please complete the</li> </ul>	er       Other (please specify):		
Education Certificate (\$1)		L Title history se vehicle (\$20) duplicate title)	(this is not a	information to the rig $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow -$			
		Titled owner's documents su applying for a page)	supporting Ibmitted when	<ul> <li>→ → → →</li> <li>Copy of an insurance related to an accident (\$1).</li> </ul>	Card City/Town		
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.       Full name (include hyphen if applicable):         I am representing myself in a court case.       Full name (include hyphen if applicable):							
Docket # Court:		First name	Middle nan				
<ul> <li>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.</li> <li>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).</li> </ul>			*Date of birth:// Last known address:				
			Driver license or ID #: OR Plate or Bow #: Vehicle or Boat Identification Number (VIN/HIN):				
<b>STEP 3</b> Information of the person filling out this form (the requestor): *Required information							
	(Be sure to include a hyphen if applicable.)		Your phon	e number: ()			
*Mailing address:	Street	t/PO Box		City/Town	State Zip		

\*\*\*CONTINUED ON NEXT PAGE - SIGNATURE REQUIRED (SEE STEP 7)\*\*\*

Prepaid Acct. #:

NHB#

STEP 4 Notary Public or Justice of the Peace Acknowledgment	I am the record holder and I authorize my record to be released to the requester listed in Step 3:					
		Date: / /				
This Asknowledgement is required to be signed by the record	Signature of record holder	Dut,				
This Acknowledgment is required to be signed by the record holder ONLY if the record holder is authorizing someone	State of, County of	,ss. Date://				
else to get the requested information.	The above named personally					
If the requestor is asking for his/her own information, this	appeared and made oath that the above declaration by him/her is true.					
section <u>DOES NOT</u> need to be completed, and you may		/				
proceed to Step 6.	Notary Public/Justice of the Peace	Commission expires Affix Seal				
<b>STEP 5</b> Intended Use of Information: To be completed <u>o</u> lienholder, a tow company, a private investigator licensed by company, a public utility, or a law firm/lawyer, all pursuant to l	this state, an employer, an insurance	Requirements for a Certificate of Authority (C.O.A.):				
For use in connection with any civil, criminal, administrative or arbitral products the formation of the context of the contex	in connection with any <b>civil, criminal, administrative or arbitral proceeding</b> . [RSA 260:14, V(a)(2)].					
By a bank or similar institution to verify the accuracy of personal information bank [RSA 260:14, V(a)(3)].	<ol> <li>Must list the types of DMV documents you want.</li> </ol>					
For providing notice to the owner(s) of a <b>towed or impounded vehicle</b> [RSA	<ol> <li>Must state what you intend to do with the DMV documents named.</li> </ol>					
For providing notice to the owner(s) for <b>storage</b> or a <b>Mechanic's Lien</b>	4. Must name employees who may					
For use by any private investigative agency or security service licensed by pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, ma	make requests in person/mail for your company, if any.					
to RSA 260:14 V(a)(8). Indicate specific reason here:	<ol> <li>Must be signed by the attorney/owner/principal.</li> </ol>					
By an employer or its agent or insurer to obtain or verify information relatin drivers license [RSA 260:14, V(a)(7)].	6. The NH DMV must have a new					
By a <b>public utility</b> to perform its public service obligation provided the individ [RSA 260:14, V (a)(9)].	C.O.A. each calendar year. All expire December 31 <sup>st</sup> .					
For an <b>insurance company</b> or its authorized agent [RSA260:14, IV(a)(2)].	<ol> <li>All requests requiring a C.O.A. must be completed at Concord DMV.</li> </ol>					
For use by a life insurance company authorized to write life insurance polic checking this, I represent that the named person's written consent to the rele obtained and that the record will be used solely in connection with claims inv [RSA 260:14, V(a)(10)]. Initial here:	8. A requestor may not sign or authorize their own C.O.A.					
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.						
Please make checks payable to: "State of NH – DMV."						