

# RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



## NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305  
 Telephone: Driver Records/Accidents (603) 227-4040  
 Registration (603) 227-4030  
 Title (603) 227-4150  
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

<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 checked="" 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><b>Name of Requestor:</b> _____</p> <p>Employer/Company (if applicable): <u>HireRight, Inc.</u></p> <p>Address: <u>100 Centerview Drive, Suite 300</u> Tele.#: <u>800-697-7189</u></p> <p>City: <u>Nashville</u> State: <u>TN</u> Zip: <u>37214</u></p>
<p><b>III. Requested Records:</b></p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 15.00</p> <p><input checked="" type="checkbox"/> Driver Record (Non-Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title Search (not a duplicate title): \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00</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>  <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 260:14V(a)(6)].  <small>Indicate specific reason here</small></p> <p><input checked="" 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. 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. _____ [(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>_____</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\*\*\***

**VI. Signed Authorization:**

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p><b>Notary Public / Justice of the Peace Acknowledgement:</b></p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace                      Commission Expiration _____</p>	<p><b>Certification:</b></p> <p>I have read 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 RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ <i>Signature of Requestor</i></p> <p>Date: _____</p>
---	---

**VIII. PENALTY CLAUSE:**

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B 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.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

<b>OFFICIAL USE ONLY</b>		
Date Received: _____	Date Sent: _____	
Type of Identification:	<input type="checkbox"/> Valid Photo Driver License	<input type="checkbox"/> State-issued Photo ID
	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Birth Certificate
		<input type="checkbox"/> Valid Military Identification
		<input type="checkbox"/> Other (specify) _____
ID Number _____		
_____ Employee Verifying Applicant Identification (Print Name)	_____ Signature	

-----DO NOT WRITE BELOW THIS LINE-----



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE FOR RECORD:  Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_  
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET DeMoisy International 10200 NW Ambassador Drive CITY STATE ZIP CODE  
Kansas City, MO 64158

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

**NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**



# State of New Hampshire

DEPARTMENT OF SAFETY  
John J. Barthelmes, Commissioner of Safety  
**Division of State Police**  
James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

271-2575

Speech/Hearing Impaired  
TDD Access: Relay NH  
1-800-735-2964

Colonel Frederick H. Booth

Dear Sir/Madam:

The Criminal Records Central Repository collects and distributes criminal history record information (CHRI). CHRI consists of descriptions and notations of arrests, detentions, indictments, information's, formal criminal charges and subsequent dispositions. CHRI is forwarded to the repository from criminal justice agencies throughout the state. In addition, the repository tracks information pertaining to sentencing, correctional supervision and release.

Several tiers of rules govern the collection and dissemination of CHRI including the Code of Federal Regulations, the New Hampshire Code of Administrative Rules and state statutes to include RSA 106-B:14 and RSA 106-B:7,1(b). Based upon these rules, law enforcement personnel, or an individual requesting his or her own CHRI, will receive both non-conviction and conviction data. Additionally, any individual or agency may receive the **CONVICTION INFORMATION** of another, provided they produce a notarized **CRIMINAL RECORD RELEASE AUTHORIZATION FORM** signed by the individual whose record is sought.

To assist you with this transaction, I have enclosed a copy of the required **CRIMINAL RECORD RELEASE AUTHORIZATION FORM**. **FAX OR TELEPHONE REQUESTS WILL NOT BE ACCEPTED**. Requests by mail **MUST HAVE SECTION II COMPLETED**. You may copy the Criminal Record Release Authorization Form as your needs dictate. A fifteen dollar (\$15.00) fee is charged for **EACH** record request. Please make checks payable to **NHSP-CRIMINAL RECORDS**.

To expedite the return of your request, please include a typed self-addressed envelope.

Please feel free to visit our website at [www.nh.gov/safety/nhsp](http://www.nh.gov/safety/nhsp), or if you have any questions, please call (603) 271-2538. Thank you for your anticipated cooperation.

Sincerely,

Jeffrey R. Kellett, Chief Administrator  
State Police Criminal Records Unit

Enclosure