

Commissioner of Safety

State of New Hampshire Department of Safety

Division of Motor Vehicles
23 Hazen Drive, Concord, NH 03305
(603) 227-4030



APPLICATION FOR REPLACEMENT PLATES AND/OR DECALS

N.H. Plate Number	Ту			oe:						Phone #:								
Please check replacement nee	ded: DO NO	T MAIL	CASH	1														
1 plate (Includes decal fee): \$4.00								.00	Decals Only: \$1.00									
REASON: LOST	STOLEN		DES	TROYE	D			PLA	TE CH	ANGE	Ē							
NOTE: A set of plates with the salf the plates were stolen,		•		if one or	both	n plate	es ar	e sui	render	ed wi	th this a	applica	ation.					
OWNER'S NAME:							_	DOB:										
ADDRESS:																		
Street				City							State Zip Code)				
DESCRIPTION OF VEHICLE:																		
Yr.: Make:	Model:	VIN:																
I certify that the above replacem	ents are needed for	or the reas	son inc	dicated a	and tl	hat th	e los	ss wa	s repo	rted to	the							
		_ , N.H. P	Police	Departm	nent.													
Owner's Signature	Signed under p	enalty of uns	worn fal	Isification r	oursua	nt to R	SA 64	41:3		_			RDM'	V125 (F	Rev 2/1	7)		