



♥ Talk to your family about your organ donor decision.

STATE OF NEW HAMPSHIRE
DIVISION OF MOTOR VEHICLES
APPLICATION FOR DRIVER'S LICENSE OR I.D. CARD

(PRINT CAREFULLY)

ORIGINAL RENEWAL DUPLICATE NON-DRIVER I.D. REPLACEMENT

Reason: _____

Are you a United States Citizen? Yes No

NAME FIRST MIDDLE LAST

MAILING ADDRESS PERMANENT ADDRESS

TOWN/CITY STATE ZIP TOWN/CITY STATE ZIP

S.S. # * DATE OF BIRTH MONTH DAY YEAR SEX

HEIGHT WEIGHT EYES HAIR

PLEASE CHECK HERE ♥ IF YOU WISH TO BE AN ORGAN DONOR

CIRCLE ALL APPLICABLE FEES

Table with columns: License Type, Original, Renewal. Rows include Operator, Motorcycle Endorsement, Motorcycle Only, Motor Driven Cycle, Moped, Duplicate, Non-Driver Identification, and TOTAL DUE.

I AM I AM NOT

A resident of the State of New Hampshire. As a resident, you may be liable for Interest and Dividends Tax (RSA 77). Contact: Dept. of Revenue Admin., P.O. Box 457, Concord, N.H. 03302-0457 Telephone: (603) 271-2191.

I AM I AM NOT

Required to file proof of insurance by any Jurisdiction because of default suspension or revocation.

DMV USE ONLY

PAYMENT METHOD:

CASH CHECK CREDIT CARD

APPLICANT MUST COMPLETE EITHER SECTION "A" OR SECTION "B" BELOW:

SECTION A

I HAVE NOT PREVIOUSLY HELD A DRIVER LICENSE IN THIS OR ANY OTHER STATE OR COUNTRY.

SECTION B

I HAVE PREVIOUSLY HELD A DRIVER LICENSE, AS FOLLOWS:

EXACT NAME APPEARING ON PRIOR LICENSE: _____

LICENSE WAS HELD IN: STATE/COUNTRY: _____

EXPIRATION DATE: MO. DAY YEAR

LICENSE NUMBER: CLASS: _____

STATE ANY RESTRICTIONS APPEARING THEREON: _____

* Social Security Numbers are being requested under authority of RSA 263:40-a and are being used to check and maintain driver records, to administer child support enforcement laws, and to conduct investigations for law enforcement purposes.

I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (see above).

I do not wish to have my computerized image, likeness, or photograph retained in the records of the Department of Safety, pursuant to RSA 263:40-a.

I wish to have only my mailing address appear on my driver's license

I wish to have my social security number displayed on my driver's license

I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.

I do hereby certify, under penalty of false statement, that I have paid all resident taxes for which I am liable, that, if required, insurance certificates are on file with the Director of Motor Vehicles, and that my driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction.

I do hereby certify that all information I have provided the department is accurate and complete. This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

APPLICANT: COMPLETE THE REVERSE SIDE ALSO.

SIGNATURE DATE