

FOR OFFICIAL USE ONLY:

Previous Plate # _____ Issued Plate # _____

Previous Plate Type _____ Issued Plate Type _____

Previous Decal # _____ Issued Decal # _____

Expiration Date _____



STATE OF NEW HAMPSHIRE

Department of Safety – Division of Motor Vehicles

APPLICATION FOR REPLACEMENT PLATES AND/OR DECALS

RSA 261:141, VII (e) and (f)

N.H. Plate Number _____ Type _____

Please check replacement needed:

_____ Plates (includes decal fee): \$4.00 each

_____ Decals Only: \$1.00

} **DO NOT MAIL CASH**

Reason: _____ Lost _____ Stolen _____ Destroyed

Note: A set of plates with the same number can only be ordered if one or both plates are surrendered with this application.

OWNER'S NAME: _____ DOB: ____ / ____ / ____
month day year

STREET: _____

CITY: _____ STATE _____ ZIP: _____

DESCRIPTION OF VEHICLE

Yr. _____ Make _____ Model _____

Vehicle Identification Number: _____

I certify that the above replacements are needed for the reason indicated and that the loss was reported to the _____

N.H. Police Department.

Owner's Signature _____

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