



**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

S.S. # ** - - DATE OF BIRTH / / SEX _____
MONTH DAY YEAR

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

Check Here To Consent to Organ & Tissue Donation pursuant to RSA 263:41

Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

CIRCLE ALL APPLICABLE FEES

License Type:	Original	Renewal
Operator	\$50.00	\$50.00
Motorcycle Endorsement	\$30.00	\$ 5.00
Motorcycle Only	\$55.00	\$55.00
Motor Driven Cycle	\$55.00	\$55.00
Moped	\$ 8.00	\$ 8.00
Duplicate	\$10.00	\$10.00
Reason: _____		
Non-Driver Identification	\$10.00	\$10.00

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) if your annual interest and Dividend Income is in excess of \$2,400 for single, or \$4,800 for joint filers. Contact: NH Dept. of Revenue Admin., P.O. Box 457, Concord, N.H. 03302-0457 or on their website at: www.revenue.nh.gov

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

TOTAL DUE \$

* make check payable to NH-DMV

APPLICANT: COMPLETE THE REVERSE SIDE ALSO

DSMV 450 (Rev.02/08)

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. Out of state applicants applying for a New Hampshire driver license **MUST** provide their social security number, however, once a license is issued, an individual may request to have his/her social security number removed from his/her department record.

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.

SIGNATURE

DATE