



State of New Hampshire Department of Safety
Division of Motor Vehicles



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

I AM APPLYING FOR (CHECK ANY THAT APPLY):

Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory

Renewal

Duplicate

Non-Driver ID Card

Replacement Reason: _____

Are you a United States Citizen? YES NO

Are you a New Hampshire Resident? YES NO

Do you have, or did you ever have a New Hampshire driver license or non-driver ID card? YES NO

Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province? YES NO

If "YES", where was it issued? _____ Date of Expiration: _____

Type of License: _____ License ID No.: _____

IDENTIFICATION INFORMATION

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU LIVE (REQUIRED)

STREET APT. # CITY OR TOWN STATE ZIP CODE

(ALL ARE REQUIRED)

DATE OF BIRTH SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR

MONTH DAY YEAR MALE FEMALE FEET INCHES POUNDS

(REQUIRED IF FIRST OR ORIGINAL N.H. DRIVER'S LICENSE)

SOCIAL SECURITY INFORMATION TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)

_____ () - _____

OPTIONAL (CHECK ANY THAT APPLY)

I do not wish to have my photograph retained in the records of the Department of Safety. (RSA 260:14)

I wish to have ONLY my mailing address appear on my driver license. (RSA 263:40-a)

I am 18 years old and consent to registration with the Selective Service System as required by Federal Law. (RSA263:5-c)

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.

I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction. This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

SIGN HERE _____ DATE _____

FEE SCHEDULE Make checks payable to: State of NH - DMV

LICENSE TYPE	ORIGINAL	RENEWAL	LICENSE TYPE	ORIGINAL	RENEWAL
Operator	\$50.00	\$50.00	Motorcycle Only	\$55.00	\$55.00
Duplicate	\$10.00	\$10.00	Motorcycle Endorsement	\$30.00	\$ 5.00
Non-Driver Identification	\$10.00	\$10.00	Motor Driven Cycle	\$55.00	\$55.00
Operator/Motorcycle		\$55.00	Moped	\$ 8.00	\$ 8.00

FOR DMV USE ONLY

Payment Method: CASH CHECK CREDIT CARD MONEY ORDER

HOURS OF OPERATION: 8:00 A.M. - 4:30 P.M.

CITY	LOCATION AND ADDRESS	BUSINESS DAYS	ROAD TESTING
Belmont	Belknap Mall, Route 3	Monday - Friday	Monday - Friday
Berlin	143 East Milan Road	Monday - Friday	Monday - Friday
Claremont	DMV Office - Mill #1, Water Street	Monday - Friday	Thursday, Friday
Colebrook	Colebrook Town Hall, Bridge Street	1st, 3rd & 5th Fridays	1st, 3rd & 5th Fridays
Concord	DMV Building, 23 Hazen Drive	Monday - Friday	Monday - Friday
Dover Point	DMV Office, 50 Boston Harbor Road	Monday - Friday	Monday - Friday
Epping	DMV Office, Route 125	Monday - Friday	Monday - Friday
Keene	DMV Office, #15 Ash Brook Court	Monday - Friday	Mon, Tues, Wednesday
Manchester	377 So. Willow St., Manchester Commons	Monday - Friday	Monday - Friday
Merrimack	Harris Pond Park, 30 D.W. Highway	Monday - Friday	Monday - Friday
Milford	DMV Office, 4 Meadowbrook Drive	Monday - Friday	Thursday, Friday
N. Haverhill	Grafton County Courthouse, Route 10	2nd & 4th Fridays	2nd & 4th Fridays
Salem	Salem Town Hall, 33 Geremonty Drive	Monday - Friday	Monday - Friday
Tamworth	DMV Office, Route 16	Monday - Friday	Monday - Friday
Twin Mountain	DMV Office, Route 302	Monday - Friday	Monday - Friday