STATE OF NEW HAMPSHIRE
DEPARMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
BUREAU OF TITLE & ANTI-THEFT
CONCORD NH 03305

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COMMISSIONER OF SAFETY

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Junk Vehicle End-of-Life Form

Section 1 - Vehicle Identification

Year _____ Make _____ Model _____VIN # | | | | | | | | | | | | | | | | | |

Section 2 - Statement of Contaminant Removal

Business or Vehicle Owner's Name _____ Telephone # _____

Address _____

Please fill in those that apply:

DLR/ DOS No. _____ DES Motor Vehicle Salvage Facility Permit No. _____

I hereby declare that the vehicle was prepared for destruction by removing the contaminants listed below at the address provided above. All of the contaminants found in the vehicle were removed and subsequently stored, processed and disposed of in accordance with all applicable local, state and federal laws.

Gasoline	Motor Oil	Transmission Fluid	Anti-freeze	Power Steering Fluid
Batteries	Refrigerants	Mercury Switches	Brake Fluid	

Printed Name _____

Signature _____ Date _____

(Signed under penalty of unsworn falsification pursuant to RSA 641:3 and of other applicable laws)

Section 3 - Statement of Vehicle Destruction (Crushed, Shredded, Baled or Sheared)

(To be filled out by a motor vehicle salvage facility permitted by the Dept. of Environmental Services)

☐ Check if identification information (next 3 lines) is the same as that given above. If so, skip to *****.

Business Name _____ Telephone # _____

Address _____

DLR/DOS No. _____ DES Motor Vehicle Salvage Facility Permit No. _____

*** Enclosed** please find the certificate of title for this vehicle, unless the vehicle is not required to have one as provided in RSA 261:3. I hereby certify that the vehicle was crushed, shredded, baled, or sheared on the _____ day of _____, year _____, and that none of the regulated contaminants listed in the section above were in it prior to its destruction.

Printed Name _____

Signature _____ Date _____

(Signed under penalty of unsworn falsification pursuant to RSA 641:3 and of other applicable laws)

Owner of Vehicle When It Was Brought to Facility

Name _____ Telephone # _____

Address _____

Pursuant to the New Hampshire revised statutes annotated, Chapter 261:22, this form must be submitted to the Department of Safety by a motor vehicle salvage facility permitted by the Department of Environmental Services for each motor vehicle that is crushed, shredded, baled or sheared in this state. All three sections must be completed with the required information and be legible.