



DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
BUREAU OF ROAD TOLL OPERATIONS
JAMES H. HAYES SAFETY BUILDING
33 HAZEN DRIVE, CONCORD, NH 03305
TDD Access: Relay NH 1-800-735-2964

HOUSEHOLD GOODS CARRIER ANNUAL REPORT

The Bureau of Road Toll Operations must receive a Household Goods Carrier Annual Report annually by July 1st.

(1) Household Goods Carrier Legal Name: _____

Household Goods Carrier Certificate Number: _____

(State whether the Household Goods Carrier is a natural person, partnership or corporation)

Mailing Address Street & No. _____

City _____ State _____ Zip _____ Phone _____

Primary Contact Name: _____ Primary Contact Phone: _____

(2) Provide a list of all of vehicles to be used in the carriage of household goods including the VIN number, plate number, registration state, and load carrying capacity of each vehicle (include a separate sheet if necessary).

(3) Attach a certificate of insurance.

(Note: Insurance coverage requirements are outlined in Saf-C 9102.02 Certificate of Insurance.)

(4) Name: _____ Signature: _____
(Please Print)

Title: _____ Date: _____

“THIS ANNUAL REPORT IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3”

Failure to file this annual report by July 1st is grounds for revocation per Saf-C 9104.03.