



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES**

23 Hazen Drive,
Concord, NH 03305

ORIGINAL: _____
RENEWAL: _____
REFRESHER: _____
MECHANIC
CARD #: _____

Robert L. Quinn
Commissioner of Safety

Elizabeth A. Bielecki
Director of Motor Vehicles

**APPLICATION FOR INDIVIDUAL AUTHORIZATION
TO INSPECT MOTOR VEHICLES (RSA 266:1)**

PLEASE PRINT LEGIBLY

APPLICANT

Last _____ First _____ MI _____ Date of Birth _____

ADDRESS

Legal: _____
Street / Road _____ Town/City _____ State _____ Zip Code _____

LICENSE

Driver License #: _____ Personal Phone #: _____

EMPLOYER

Inspection Station #: _____ Business Phone #: _____

Business Name: _____

ADDRESS

Legal: _____
Street / Road _____ Town/City _____ State _____ Zip Code _____

APPLICANT

Have you ever been certified in NH or any other state? _____ If "yes" what state? _____

Have you ever been suspended or revoked? _____ If "yes" what state? _____

Signature of Applicant: _____ Date: _____

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

FOR OFFICIAL USE ONLY:

CLASS

State Police / DMV Representative _____

FIELD TEST

Applicant was field tested regarding knowledge of Motor Vehicle Inspection Laws & Regulations and general inspection procedures and has been:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Moto |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Heavy Truck/Bus |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended – See comments on reverse side |

Certificate #: _____ Date of Issue: _____

DMV Representative _____