RE-EXAMINATION INSTRUCTIONS
TO
NEW HAMPSHIRE RESIDENTS TEMPORARILY OUT-OF-STATE

The State of New Hampshire, Department of Safety, Division of Motor Vehicles regulations provide that every holder of a New Hampshire driver license appear in person once every five (5) years to pass an examination for visual acuity prior to the renewal of his/her driver license, and a color photographic driver license shall be issued to those who qualify.

In the event that you are unable to return to New Hampshire prior to the expiration of your six (6) month temporary driver license, it will be necessary for you to follow the procedure indicated below.

Please provide the instructions, on the reverse side, to an authorized State Licensing Examiner or eye doctor in your area and request assistance in qualifying for the renewal of your New Hampshire driver license by administering the necessary test.

Upon completion of the visual acuity test, please return the form to the New Hampshire Department of Safety, Division of Motor Vehicles, P.O. Box 134, Concord, New Hampshire 03302-0134. Upon receipt of this form, if the results of your visual acuity test meet the minimum standards, you will be issued a temporary New Hampshire driver license, valid until the expiration date shown on the driver license.

Military personnel are exempt from re-examination. An affidavit must be furnished certifying active status in the armed forces and assignment outside of the State of New Hampshire.
INSTRUCTIONS TO DRIVER LICENSING EXAMINER

The State of New Hampshire Department of Safety, Division of Motor Vehicles regulations require each New Hampshire licensed driver to meet certain requirements before his/her New Hampshire driver license can be renewed.

It will be appreciated by the State of New Hampshire if you would administer YOUR Vision Test to the bearer. This person is a New Hampshire licensed driver in good standing but is temporarily out-of-state.

Please record the results of the test below and sign in the appropriate place.

VISUAL TEST RESULTS

<table>
<thead>
<tr>
<th>VISUAL ACUITY</th>
<th>WITHOUT CORRECTIVE LENSES</th>
<th>WITH CORRECTIVE LENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td>20/ _____</td>
<td>20/ _____</td>
</tr>
<tr>
<td>Left eye</td>
<td>20/ _____</td>
<td>20/ _____</td>
</tr>
<tr>
<td>Both eyes</td>
<td>20/ _____</td>
<td>20/ _____</td>
</tr>
</tbody>
</table>

Upon completion of the examination, please fill out the section below in its entirety, and return this form to the bearer. This application will not be accepted unless it is properly completed and signed.

APPLICANT’S NAME: ____________________________________________

First Middle or Maiden Last

DATE OF BIRTH: _______________ N.H. DRIVER LICENSE NO: _______________

Permanent Address in New Hampshire:

Street Address City Zip

Temporary Address: ____________________________________________

Applicant’s Signature: _________________________________________

Signature of Licensing Examiner or Eye Doctor ____________________ Date __________ Licensing Examiner’s Stamp __________