



Robert L. Quinn  
Commissioner of Safety

State of New Hampshire  
Department of Safety  
Division of Motor Vehicles  
23 Hazen Drive, Concord, NH 03305  
Telephone: (603) 227-4050 Relay NH 7-1-1



Elizabeth A. Bielecki  
Director of Motor Vehicles

**REQUEST FOR ADMINISTRATIVE ACTION**  
**For Law Enforcement Use Only**

To: Director of Motor Vehicles  
Stephen E. Merrill Building  
23 Hazen Drive  
Concord, NH 03305

Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RE: Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

License Number: \_\_\_\_\_

State: \_\_\_\_\_

**The above individual was involved in the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Motor Vehicle Accident with Fatality | <input type="checkbox"/> Motor Vehicle Accident with Serious Injury |
| <input type="checkbox"/> Improper Driving / Incompetency      | <input type="checkbox"/> Medical Reasons                            |
| <input type="checkbox"/> False Statement on License           | <input type="checkbox"/> False Statement on Registration            |
| <input type="checkbox"/> Other: _____                         |   |

**Requested Action:**

- |  |  |
|--|--|
| <input type="checkbox"/> Motor Vehicle Driver Re-Examination | <input type="checkbox"/> Immediate Suspension    |
| <input type="checkbox"/> Motor Vehicle Hearing               | <input type="checkbox"/> Other (describe): _____ |

**BASIS FOR ACTION (supporting documentation for this incident or accident must be attached):**

Arrested:  YES  NO      Summons:  YES  NO      Charge: \_\_\_\_\_

\_\_\_\_\_  
Officer's (Requestor) Signature

\_\_\_\_\_  
Officer's Name (print/type)

\_\_\_\_\_  
Approving Official's Signature

\_\_\_\_\_  
Date