

State of New Hampshire



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APPLICATION FOR OBD ECONOMIC HARDSHIP WAIVER **(Private vehicles only – No commercially registered vehicles)**

Pursuant to the provisions of RSA 266:59-b (V), the below-signed individual may make application for an Economic Hardship Waiver of that portion of the New Hampshire Official Inspection process requiring compliance with Federal Environmental Protection Agency (EPA) standards regarding motor vehicle On-Board Diagnostic (OBD) Systems.

Only the registered owner of the vehicle may make application.

All Economic Hardship Waivers shall be granted or denied after receipt by the Division of Motor Vehicles (DMV) of a completed application. If the application is incomplete, the DMV will notify the applicant in writing indicating the reason(s) for incompleteness.

All inquiries regarding Economic Hardship Waivers must be directed to:

NH Department of Safety
Division of Motor Vehicles
OBD Program
Telephone (603) 227-4120

The entire completed application for an Economic Hardship Waiver must be forwarded to:

NH Department of Safety
Division of Motor Vehicles
Attn. OBD Program
23 Hazen Drive
Concord, NH 03305

Applicant must include:

- 1. A copy of the Vehicle Inspection Report** generated by an official inspection station that indicates the vehicle passed a safety inspection and identifies the reason(s) for an OBD failure with this application.
- 2. Legible copies of at least one estimate for repair of OBD II** components from a recognized repair technician (i.e., professionally engaged in vehicle repair having recognized certification for emission-related diagnostics and repair) with this application.

The following pages must be completed without exception. Do not leave any sections blank.
PLEASE ALLOW 10-14 DAYS TO PROCESS COMPLETED APPLICATIONS

This document and following page must be completed without exception.

Under penalty of Unsworn Falsification (RSA 641:3), the applicant shall provide the following information:

3. Name: _____
First Name Middle Last Name Date of Birth

Address: _____ **Telephone:** _____

City/Town State Zip **Number of occupants in the Applicant's Household?**

4. DESCRIPTION OF VEHICLE

Manufacturer: _____ **Model:** _____ **Year:** _____

Vehicle Identification Number (VIN): _____

Approximate number of miles driver per year: _____

5. APPLICANT EMPLOYMENT STATUS: **Currently Employed:** **Full Time** **Part time**
 Not Employed

If currently employed, Name and address of employer(s): *(If additional space is required, please use separate sheet)*

- 1: _____
- 2: _____
- 3: _____

6. List all forms of annual household income for each member of the household in exact dollar amounts (for example the net income filed on your most recent income tax return. **Do not send the tax return or pay stubs**) including, but not limited to savings, trust funds, pensions, civil settlements, social security, state and/or federal financial aid/assistance, food-stamps, etc.:

Applicant Income: _____
Additional Household Member Income: _____
Additional Household Member Income: _____

(If additional space is required, please attach a separate sheet of paper)

7. Complete list and description of any and all other motorized vehicles owned by the applicant or other household member requiring registration. If none put "N/A." If additional space is required, attach a separate paper as needed.

1: **Manufacturer:** _____ **Model:** _____ **Year:** _____
Vehicle Identification Number (VIN): _____

2: **Manufacturer:** _____ **Model:** _____ **Year:** _____
Vehicle Identification Number (VIN): _____

8. A detailed explanation as to the **financial hardship** that the cost of the repairs of the OBD system to the vehicle noted above will cause you **must be provided**. If additional space is required, please use separate sheet.

Certification of Information

I do hereby make application for an **Economic Hardship Waiver** under the penalty of Unsworn Falsification pursuant to RSA 641:3, and declare my inability to afford repairs of the OBD system that are required to bring the motor vehicle bearing VIN _____ for which the **Economic Hardship Waiver** has been requested into Federal EPA standards.

Furthermore, I understand that the described motor vehicle may not be sold without informing the purchaser of the OBD failure pursuant to RSA 266:59-b (VI).

Finally, I understand that in the event an **Economic Hardship Waiver** is granted, such **Economic Hardship Waiver** shall be valid for **one inspection period only** and may not be renewed.

(Signature of applicant)

(Date)

RSA 641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:

I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or

II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:
(a) Makes any written or electronic false statement which he or she does not believe to be true; or
(b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
(c) Submits or invites reliance on any writing which he or she knows to be lacking in authenticity...

RSA 266:59-b provides for a vehicle that fails the EPA OBD II test yet passes all other inspection requirements to be issued one temporary waiver during its inspection cycle that permits its operation for 60 days from the date of issuance, in order to make repairs. If the financial circumstances of the registered owner of a vehicle are such that they can not afford to make such repairs, the foregoing provisions may be applied for.