APPLICATION FOR REPLACEMENT BOAT DECALS

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

N.H. Bow Number ________________________________

Old Decal #: ________________________________

Expiration Date: _______ Decal(s): $3.00 per set

Reason: ___ Lost  ___ Stolen  ___ Damaged

DO NOT MAIL CASH

OWNER’S NAME: ___________________________ DOB: ___ / ___ / ___

STREET: _____________________________

CITY: ___________________________ STATE: _____ ZIP: __________

DESCRIPTION OF BOAT OR VESSEL

Yr. ______ Make _______________ Model ___________

Hull Identification Number: ________________________________

I certify that the above replacements are needed for the reason indicated.

Owner’s Signature: ____________________________

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

RDMV 415 (Rev 05/15)