



State of New Hampshire Department of Safety
Division of Motor Vehicles



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

I AM APPLYING FOR (CHECK ANY THAT APPLY):

Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory
 Renewal
 Duplicate
 Non-Driver ID Card
 Replacement Reason: _____
 Motorcycle Endorsement (includes 3 Wheel and motor driven cycle)

Are you a United States Citizen? YES NO
 Are you a New Hampshire Resident? YES NO
 Do you have, or did you ever have a New Hampshire driver license or non-driver ID card? YES NO
 Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province? YES NO
 If "YES", where was it issued? _____ Date of Expiration: _____
 Type of License: _____ License ID No.: _____

IDENTIFICATION INFORMATION

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU LIVE (REQUIRED)

STREET APT. # CITY OR TOWN STATE ZIP CODE

(ALL ARE REQUIRED)

DATE OF BIRTH SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR

MONTH DAY YEAR MALE FEMALE FEET INCHES POUNDS

(REQUIRED IF FIRST OR ORIGINAL N.H. DRIVER'S LICENSE)

SOCIAL SECURITY INFORMATION TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)

OPTIONAL (CHECK ANY THAT APPLY)

- I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a.
- I do not wish to have my photograph retained in the records of the Department of Safety. (RSA 260:14).
- I wish to have my legal address appear on the back of my driver license or I.D. card.
- I am 18 years old and consent to registration with the Selective Service System as required by Federal Law. (RSA263:5-c).

Check Here to Consent to Organ & Tissue Donation pursuant to RSA 263:41
Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

SIGN HERE _____ DATE _____

FEE SCHEDULE Make checks payable to: State of NH - DMV

LICENSE TYPE	ORIGINAL	RENEWAL	LICENSE TYPE	ORIGINAL	RENEWAL
Operator	\$50.00	\$50.00	Motorcycle Only	\$55.00	\$55.00
Duplicate	\$10.00	\$10.00	Motorcycle Endorsement	\$30.00	\$ 5.00
Non-Driver Identification	\$10.00	\$10.00	Motor Driven Cycle	\$55.00	\$55.00
Operator/Motorcycle		\$55.00	Moped	\$ 8.00	\$ 8.00

DMV USE ONLY

DSMV450 (Revised 04/12)

Payment Method: CASH CHECK CREDIT CARD MONEY ORDER

**FOR QUESTIONS REGARDING DMV LOCATIONS AND HOURS OF OPERATION
PLEASE GO TO WWW.NH.GOV/DMV OR CALL 603-227-4000.**