STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY - DRIVING RECORDS SECTION
Concord, N.H. 03305

APPLICATION FOR DRIVER RECORD LISTING

I hereby apply for listing of a driving record and attach a check or money order in the amount noted below, made out to "State of New Hampshire — MV".

☐ Driver Record $ 7.00
☐ Certified Copy $10.00

Name: _____
FIRST INITIAL LAST

New Hampshire Driver License Number: _____

Date of Birth: ____ / ____ / ____
MONTH DAY YEAR

Social Security Number: ____ - ____ - ____

REQUESTOR: _____

Address: _____

City: _____ State: _____ Zip: _____

IS THIS A PERMANENT ADDRESS CHANGE: YES ☐

_____
SIGNATURE OF APPLICANT

DSMV 273 (Rev. 07/91)