



State of New Hampshire Department of Safety
Division of Motor Vehicles



APPLICATION FOR A DUPLICATE DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

I AM APPLYING FOR

Duplicate Driver License Duplicate Non – Driver ID Card
Reason needed for duplicate: _____

IDENTIFICATION INFORMATION

PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME

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 GENDER HEIGHT WEIGHT EYE COLOR HAIR COLOR
 MONTH DAY YEAR MALE FEMALE OTHER FEET INCHES POUNDS

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

OPTIONAL

(CHECK ANY THAT APPLY)

I wish to add the Veteran Indicator (Additional documents required) I do not wish to have my photograph retained in the records of the Department of Safety (RSA 260:14) (Does not apply to REAL ID) I wish to have my legal address appear on the back of my driver license or ID card. (Required on REAL ID)
 I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (Does not apply to REAL ID) I am 18 years old and consent to registration with the Selective Service System as required by Federal Law (RSA 263:5-c) (Only for males age 18 – 25)

CHECK HERE TO SAVE A LIFE By checking this box, you 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.

SIGN HERE DATE

By signing above, I certify that 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.

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

| LICENSE TYPE | |
|-------------------------------------|---------|
| Duplicate Driver License | \$10.00 |
| Duplicate Non-Driver Identification | \$10.00 |

DMV USE ONLY Vision Test With CL Without CL

Payment Method: CASH CHECK CREDIT CARD MONEY ORDER