



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 add the Veteran Indicator
  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 wish to have my social security number removed from DVM Records, pursuant to RSA 263:40-a
  I am 18 years old and consent to registration with the Selective Service System as required by Federal Law (RSA 263:5-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 06/14)

Payment Method:  CASH  CHECK  CREDIT CARD  MONEY ORDER

FOR QUESTIONS REGARDING DMV LOCATIONS AND HOURS OF OPERATION  
PLEASE GO TO [WWW.NH.GOV/DMV](http://WWW.NH.GOV/DMV) OR CALL 603-227-4000.