Print Form

State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)

BEAS STATE REGISTRY CONSENT FORM

(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: Interlakes Community Caregivers

Mailing address: PO Box 78

City/State/Zip: Center Harbor, NH 03226

Telephone: 603-253-9275

Fax: N/A

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: _____ First name: _____ Middle Initial: __

Mailing address: _____ City/State/Zip: _____

Telephone _____ Gender: ☐Female ☐Male

Also known by the following names (Maiden name, etc.):

Last name: _____ First name: _____ Middle Initial: __

Last name: _____ First name: _____ Middle Initial: __

Date of Birth: Month: _____ Day: ____ Year: _____ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: ☐ Applying ☐ Current Position

☐ Employee ☐ Consultant ■ Volunteer ☐ Other: _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____
(Required)

Fax to: (603) 271-6875 or Email: BEASStateRegistry@dhhs.nh.gov

or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F: 49.**

State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME_____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____HAIR COLOR_____EYE COLOR_____

SEX____ DRIVER LICENSE NUMBER_____STATE_____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other Volunteer Position

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: _____ DATE_____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

_____
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Rachel Saliba, Interlakes Comm. Caregivers, Inc.
NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS PO Box 78, Ctr Harbor, NH 03226
STREET CITY STATE ZIP CODE

_____
YOUR SIGNATURE DATE

_____
NOTARY'S SIGNATURE DATE

(AFFIX Seal) **(comm.. Exp.)**

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

☑ **To prevent a delay in processing, I have enclosed a self-addressed envelope.** ☐ **Prepaid Acc't Number**_____

A $25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

DSSP256 (Effective 7/15/16)

State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

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SECTION I (PLEASE PRINT CLEARLY)

NAME_____
LAST (MAIDEN/ALIAS) FIRST MI

1

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____HAIR COLOR_____EYE COLOR_____

SEX_____ DRIVER LICENSE NUMBER_____STATE_____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other _____

2

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: _____ DATE_____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

_____
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD **DATE**

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

_____
NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS_____ 3 _____
STREET CITY STATE ZIP CODE

_____
YOUR SIGNATURE DATE

4

_____
NOTARY'S SIGNATURE DATE

(AFFIX Seal) **(comm.. Exp.)**

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RECORD CHALLENGE

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Central Repository for Criminal Records

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTION SHEET

The state police Criminal Records Unit has revamped the authorization form to obtain Criminal History Record Information (CHRI) record checks. The revamped request form will replace all previous forms currently being used. Please substitute the attached revised form for what you have been using. An updated electronic version is also on the Criminal Records Unit website.

The below step by step instructions will assist you in completing the form:

1. This section requires the name and Personal Identifying Information (PII) of the individual of whom you are requesting a criminal history record. Please print the last name, maiden (if applicable), first and middle initial; the physical address, date of birth, hair and eye color, sex, and state and number of the driver's license.

2. This section identifies the reason why a CHRI is being requested. The majority of CHRI requests are for housing, employment, or annulment purposes; all other reasons should be noted on the "other" line. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 3.

3. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 1.

4. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the school individual identified in step 1.

5. The Notary's signature and seal signifies that the Releasee's identity has been validated.

6. In New Hampshire, under the authority of Administrative Rule Saf-C 5703.12, anyone with a criminal history record has the right to challenge that record if he or she believes it may contain inaccurate information.

7. Enclosing a self-addressed envelope will enable a more timely return.

John J. Barthelmes
Commissioner of Safety

State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1

Elizabeth A. Bielecki
Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS
FORM DSMV 505 (Rev. 8/18)

STEP 1 — What information are you requesting from the DMV?

DRIVER information:	REGISTRATION information:	TITLE information:	TICKET, ACCIDENT OR COURT information:	OTHER information:
☑ Driver record, certified copy ($15)	☐ Certified copy of a vehicle registration for year: _____ ($15)	☐ Title history search for a vehicle ($20) (this is not a duplicate title)	☐ Copy of a ticket ($1 per page): _____	☐ Other (please specify): _____
☐ Driver record, insurance copy ($15)	☐ Report of only currently registered vehicles ($5)	☐ Owner's supporting documents submitted when applying for a title ($1 per page)	☐ Copy of a suspension notice ($1 per page): _____	
☐ A copy of a driver license application ($15)	☐ A letter verifying a NH boat or vehicle registration, or walking disability placard ($15)	**Out-of-state company** request for a title search of an owner's information ($20): ☐ Storage or Mechanic's Lien ☐ Abandoned Vehicle	☐ Copy of a restoration letter ($1 per page): _____	
☐ A letter verifying a NH driver license ($15)	☐ A copy of a bill of sale ($1)	**NH company** request for owner's information: ☐ Storage or Mechanic's Lien ☐ Abandoned Vehicle (must attach a TDMV 71, which can be found on our website www.nh.gov/dmv)	☐ An accident report ($5 minimum, $1 per page. You will be notified if cost exceeds $5). Please complete the information to the right → → → → → → → → → → → →	**Date of accident:** ___/___/___ **Location of accident:** _____ Street or Route _____ City/Town
☐ A copy of a Driver Education Certificate ($1)			☐ Copy of an insurance card related to an accident ($1).	

STEP 2 — Who are you? Check ONE of the four boxes below:

☐ **I AM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking.**
- ☐ **I am representing myself in a court case.**
  Docket # _____ Court: _____

☑ **I AM NOT THE RECORD HOLDER, but the record holder has approved this request and has had their signature notarized in Step 4. The requestor may NOT be the Notary or Justice of the Peace.**

☐ **I AM NOT THE RECORD HOLDER but I am a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14.** If checking this box, you must disclose what you intend to use this information for. You must also submit a Certificate of Authority, or a current one must be on file at the DMV (see Step 5 for both requirements).

Whose information are you looking for (the record holder's information)?

*Full first name: _____

*Full middle name: _____

*Full last name: _____
(Be sure to include a hyphen if applicable.)

*Date of birth: ___/___/___

Last known address: _____

Driver license or ID #: _____

Registration or plate #: _____

Vehicle ID (VIN) #: _____

Required Information

STEP 3 — REQUIRED - Information of the person filling out this form (the requestor):

*Your full name: Rachel Saliba, Executive Director
(Be sure to include a hyphen if applicable.)

Name of company (if applicable): Interlakes Community Caregivers, Inc.

*Mailing address: PO Box 78
(If information is mailed, it will be mailed to this address)

*City/Town, State, Zip: Center Harbor, NH 03226

*Your phone number: (603) 253-9275

CONTINUED ON NEXT PAGE – SIGNATURE REQUIRED (SEE STEP 7)

STEP 4

Notary Public or Justice of the Peace Acknowledgment

This Acknowledgment is required to be signed by the record holder ONLY if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section DOES NOT need to be completed, and you may proceed to Step 6.

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

_____ Date: ____/____/_____
Signature of record holder

State of NH, County of _____,ss. Date: ____/____/_____

The above named _____ personally appeared and made oath that the above declaration by him/her is true.

_____ ____/____/_____
Notary Public/Justice of the Peace Commission expires

Affix Seal

STEP 5

Intended Use of Information:

To be completed **only** if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

- ☐ For use in connection with any **civil, criminal, administrative or arbitral proceeding**. [RSA 260:14, V(a)(2)].
  *Docket #:*_____ *Court:* _____
- ☐ By a **bank or similar institution** to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14, V(a)(3)].
- ☐ For providing notice to the owner(s) of a **towed or impounded vehicle** [RSA 260:14, V(a)(5)]
- ☐ For providing notice to the owner(s) for **storage** or a **Mechanic's Lien**
- ☐ For use by any **private investigative agency or security service** licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14 V(a)(8). Indicate specific reason here: _____ [RSA 260:14, V(a)(6)].
- ☐ By an **employer or its agent or insurer** to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].
- ☐ By a **public utility** to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].
- ☐ For an **insurance company** or its authorized agent [RSA260:14, IV(a)(2)].
- ☐ For use by **a life insurance company** authorized to write life insurance policies, or its authorized agent. In checking this, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating and underwriting. [RSA 260:14, V(a)(10)]. *Initial here:* _____

Requirements for a Certificate of Authority:

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31st.
7. All requests requiring a C.O.A. must be completed at Concord DMV.

STEP 6

IMPORTANT!!! Please read the penalty clause below:

RSA 260:14, IX states as follows: (a) A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

STEP 7

Signature (this step is required):

I have read the NH law RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: _____ *Date:* ____/____/_____

STEP 8

Submit your request:

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."