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

(Required)

BEAS STATE REGISTRY CONSENT FORM

(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, a exploitation record that you might find concerning me to: (7 must be filled out in order to be processed.)						
must be filled out in or	ler to be proces	ssea.)				
Employer name: Inter	lakes Commun	nity Caregivers				
Mailing address: PO	Box 78					
City/State/Zip: Cente	Harbor, NH 03	3226				
Telephone: 603-253-9	275			1		
- N/A						
Last name:	*		ne:		d returned.)Middle Initial:	
Mailing address:		Cit	y/State/Zip:_			
Telephone				Gender:	☐Female ☐Male	
Also known by the follo	wing names (Me	aiden name, etc.):				
Last name:		First nar	ne:		Middle Initial:	
	st name: First na					
Date of Birth: Month:	Day:	Year:	Social Sec	urity #:		
(Required)					Optional)	
					Current Position	
☐ Employee ☐	Consultant	■ Volunteer	☐ Othe	er:		
I understand that the infor by the above-named empl				Registry Conser	nt Form, is intended for use	
Employee Signature:			Dat	e:		
Witness Signature:				ρ.		

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.

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:

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



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 noncriminal 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)	SECTION II
NAME	I hereby authorize the release of my criminal record
LAST (MAIDENVALIAS) FIRST MI	conviction(s), if any, to the following individual:
ADDRESS	NAME OF PERSON/ENTITY TO RECEIVE RECORD
STREET CITY STATE ZIP CODE	
DATE OF BIRTHHAIR COLOREYE COLOR	ADDRESS STREET CITY STATE ZIP CODE
SEXDRIVER LICENSE NUMBERSTATE	
PURPOSE OF RECORD: Housing Employent Annulment/Expungement Other 2	YOUR OLD NATURE DATE
My signature below certifies I am the individual listed above and the information provided is tru	NOTARY'S SIGNATURE DATE
my signature below certains i ain the multiplication isseed above and the information provided is in	(AFFIX Seal) (comm., Exp.)
YOUR SIGNATURE: DATE Signed under penalty of unsworn falsification pursuant to RSA 641:3	(5)
signed under penalty of unsworn talafication pursuant to RSA 641.3	
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE	
(6) RECORD	CHALLENGE
Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attachall appear at the central repository. (b) A copy shall be provided to a challenge. (c) Any person making a challenge shall identify that portion of higive a correct version of his/her record with an explanation of the reason that following actions within 30 days of receipt of challenge: (1) Review the record to compare the information to determine whether the challenge is value information submitted and the information maintained by the law enformation appropriate CJAs shall be notified; and (3) If the challenge is invalid, the per (e) When a record has been corrected, the division shall notify all non-criminal of the correction. (f) The person shall be entitled to review the information justice process through which he passes, to ensure that all such steps are contacted.	person if after review he/she indicates he/she needs the copy to pursue the s/her CHRI which he/she believes to be inaccurate or incorrect, and shall also the/she believes his/her version to be correct. (d) The director shall take the cords and contact the law enforcement agency or court which submitted the lid; (2) If the challenge is valid, which means there is a discrepancy between reement agency or court, the record shall be corrected and the person and son shall be informed and advised of the right to appeal pursuant to RSA 541 hall justice agencies, to whom the data has been disseminated in the last year that records the facts, dates, and results of each formal stage of the criminal stage.
Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attachment of the central repository. (b) A copy shall be provided to a challenge. (c) Any person making a challenge shall identify that portion of higive a correct version of his/her record with an explanation of the reason that following actions within 30 days of receipt of challenge: (1) Review the record to compare the information to determine whether the challenge is value information submitted and the information maintained by the law enformation appropriate CJAs shall be notified; and (3) If the challenge is invalid, the per (e) When a record has been corrected, the division shall notify all non-crimin of the correction.(f) The person shall be entitled to review the information justice process through which he passes, to ensure that all such steps are contact.	person if after review he/she indicates he/she needs the copy to pursue the s/her CHRI which he/she believes to be inaccurate or incorrect, and shall also the/she believes his/her version to be correct. (d) The director shall take the cords and contact the law enforcement agency or court which submitted the lid; (2) If the challenge is valid, which means there is a discrepancy between rement agency or court, the record shall be corrected and the person and son shall be informed and advised of the right to appeal pursuant to RSA 541 and justice agencies, to whom the data has been disseminated in the last year that records the facts, dates, and results of each formal stage of the criminal impletely and accurately recorded.
Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorshall appear at the central repository. (b) A copy shall be provided to a challenge. (c) Any person making a challenge shall identify that portion of higive a correct version of his/her record with an explanation of the reason the following actions within 30 days of receipt of challenge: (1) Review the record to compare the information to determine whether the challenge is value information submitted and the information maintained by the law enformation appropriate CJAs shall be notified; and (3) If the challenge is invalid, the perior (e) When a record has been corrected, the division shall notify all non-criminal of the correction. (f) The person shall be entitled to review the information justice process through which he passes, to ensure that all such steps are contained.	person if after review he/she indicates he/she needs the copy to pursue the s/her CHRI which he/she believes to be inaccurate or incorrect, and shall also the/she believes his/her version to be correct. (d) The director shall take the cords and contact the law enforcement agency or court which submitted the lid; (2) If the challenge is valid, which means there is a discrepancy between rement agency or court, the record shall be corrected and the person and son shall be informed and advised of the right to appeal pursuant to RSA 541 and justice agencies, to whom the data has been disseminated in the last year that records the facts, dates, and results of each formal stage of the criminal impletely and accurately recorded.



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 noncriminal 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)	SECTION II
NAME_ LAST (MAIDENIALIAS) FIRST MI	I hereby authorize the release of my criminal record conviction(s), if any, to the following individual: Pamela Joyal, Interlakes Comm. Caregivers, Inc.
ADDRESS STREET CITY STATE ZP CODE DATE OF BIRTH HAIR COLOR EYE COLOR SEX DRIVER LICENSE NUMBER STATE PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other Volunteer Position	NAME OF PERSON/ENTITY TO RECEIVE RECORD ADDRESS PO Box 78, Ctr Harbor, NH 03226 STREET CITY STATE ZIP CODE YOUR SIGNATURE DATE
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	NOTARY'S SIGNATURE DATE (AFFIX Seal) (comm Exp.)
Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attor shall appear at the central repository. (b) A copy shall be provided to a public challenge. (c) Any person making a challenge shall identify that portion of his give a correct version of his/her record with an explanation of the reason that following actions within 30 days of receipt of challenge: (1) Review the record to compare the information to determine whether the challenge is valid the information submitted and the information maintained by the law enforce appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person with the correction. (f) The person shall be entitled to review the information tripustice process through which he passes, to ensure that all such steps are consulted to the Repository and may not be consulted to the	person if after review he/she indicates he/she needs the copy to pursue the s/her CHRI which he/she believes to be inaccurate or incorrect, and shall also the/she believes his/her version to be correct. (d) The director shall take the cords and contact the law enforcement agency or court which submitted the id; (2) If the challenge is valid, which means there is a discrepancy between cement agency or court, the record shall be corrected and the person and son shall be informed and advised of the right to appeal pursuant to RSA 541. The records the facts, dates, and results of each formal stage of the criminal impletely and accurately recorded. The State of New Hampshire. The record you have received is based be a complete Criminal History Record of the named individual.
To prevent a delay in processing, I have enclosed a self-addr	



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. Blelecki Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 8/18)

Trible record, certified copy of a copy (\$15) Driver record, insurance copy (\$15) Accept of a driver flacenee application of value (\$15) Accept of a driver flacenee application of value (\$15) Accept of a driver flacenee application of value (\$15) Accept of a driver flacenee (\$15) Accept o	DRIVER information:	REGISTRATION information:	TITL		TICKET, ACCIDENT OR COURT information:	OTHER information:
A copy of a Driver Education Certificate (\$1)	copy (\$15) Driver record, insurance copy (\$15) A copy of a driver license application (\$15) A letter verifying a NH	vehicle registration for year:	vehicle (\$20) (the duplicate title) Owner's support submitted when title (\$1 per page) Out-of-state compose a title search of an of information (\$20): Storage or M	rting documents n applying for a je) any request for owner's	page): Copy of a suspension notice (\$1 per page): Copy of a restoration letter (\$1 per page): An accident report (\$5 minimum, \$1 per page.	Other (please specify): Date of accident:
IAM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking. I am representing myself in a court case. Docket #	Education Certificate		NH company requeinformation: Storage or M Abandoned V attach a TDM can be found	est for owner's lechanic's Lien /ehicle (must fV 71, which I on our website	exceeds \$5). Please complete the information to the right $\rightarrow \rightarrow \rightarrow \rightarrow$ Copy of an insurance card	Simot or Hzulin
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). *Registration or plate #: Vehicle ID (VIN) #: *Required Information *Required Information *Required Information *Required Information *Name of company (if applicable): Interlakes Community Caregivers, I dailing address: P.O. Box 78			du panda pojeti.	holder's infe	ormation)?	
our full name: Pamela Joyal, Executive Director Name of company (if applicable): Interlakes Community Caregivers, I failing address: P.O. Box 78	above documents I am represent Docket # I AM NOT THE RE approved this requested. Step 4. The requested the req	O HOLDER OR VEHICLE OWN I am seeking. ting myself in a court case. Court: CORD HOLDER, but the rejust and has had their signals for may NOT be the Notary	NER of the	*Full first name *Full middle na *Full last name *Date of birth: Last known ad	me: (Be sum to include a hyphen i	t application.)
(Tile name to vinduale a togothern If application.) Mailling address; P.O. Box 78	above documents I am represent Docket # I AM NOT THE RE approved this reques Peace. I AM NOT THE RE or lienholder, a to by this state, an outility, or a law fi checking this box, information for. You me	HOLDER OR VEHICLE OWI I am seeking. ting myself in a court case. Court: CORD HOLDER, but the regest and has had their signal after may NOT be the Notary CORD HOLDER but I am a mow company, a private investment investment of the court investment investment in the court investment invest	ecord holder has ature notarized in or Justice of the nember of a bank stigator licensed impany, a public RSA 260:14. If need to use this uthority, or a current	*Full first name *Full middle na *Full last name *Date of birth: Last known ad Driver license Registration of	me: (Be sere to include a hypthen) // dress: or ID #: plate #:	f applicable.)
	above documents I am represent Docket # I AM NOT THE RE approved this requestep 4. The requestep 4. The requester to be the state, and utility, or a law fichecking this box, information for. You mone must be on file at	D HOLDER OR VEHICLE OWN I am seeking. ting myself in a court case. Court: CORD HOLDER, but the repeat and has had their signal after may NOT be the Notary CORD HOLDER but I am a mow company, a private investment of the more controllar and insurance controllar and insura	ecord holder has ature notarized in or Justice of the nember of a bank stigator licensed impany, a public RSA 260:14. If need to use this uthority, or a current quirements).	*Full first name *Full middle na *Full last name *Date of birth: Last known ad Driver license Registration of Vehicle ID (VII	me: Gle sum to include a hyphen	ation
As a second of the second of t	above documents I am represent Docket # I AM NOT THE RE approved this requested. I AM NOT THE REC or lienholder, a to by this state, an outility, or a law fichecking this box, information for. You mone must be on file at STEP 3 REQ Your full name: Pamel	D HOLDER OR VEHICLE OWN I am seeking. ting myself in a court case. Court: CORD HOLDER, but the reserved has had their signal actor may NOT be the Notary CORD HOLDER but I am a mow company, a private investemployer, an insurance controllar and the DMV (see Step 5 for both required by the DMV (see Step 5 for both required b	ecord holder has ature notarized in or Justice of the nember of a bank stigator licensed impany, a public RSA 260:14. If need to use this uthority, or a current quirements).	*Full first name *Full middle na *Full last name *Date of birth: Last known ad Driver license Registration of Vehicle ID (VII	me: Gle sum to include a hyphen	ation

Notary Public or Justice of the Peace Acknowledgment	I am the record holder and I authorequester listed in Step 3:	orize my record to be released to the	
		Date:/	
This Acknowledgment is required to be signed by the rec holder ONLY if the record holder is authorizing someon else to get the requested information. If the requestor is asking for his/her own information, the	The above named appeared and made oath that the above	personally	
section <u>DOES NOT</u> need to be completed, and you may proceed to Step 6.	Notary Public/Justice of the Peace	Commission expires Affix S	
Intended Use of Information: To be completed incompany, a private investigator licenses company, a public utility, or a law firm/lawyer, all pursual For use in connection with any civil, criminal, administrative or arb Docket #:	ed by this state, an employer, an insurance and to RSA 260:14 (see sections below). itral proceeding. [RSA 260:14, V(a)(2)]. formation submitted by the individual to the cle [RSA 260:14, V(a)(5)]	Requirements for a Certificate of Authority: 1. Must be on company letterheac. 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	
For use by any private investigative agency or security service lic pursuant to RSA 260:14, V(a), other than for bulk distribution for surving RSA 260:14 V(a)(8). Indicate specific reason here: By an employer or its agent or insurer to obtain or verify information drivers license [RSA 260:14, V(a)(7)]. By a public utility to perform its public service obligation provided the [RSA 260:14, V (a)(9)]. For an insurance company or its arithorized agent [RSA260:14, IV(a) For use by a life insurance company authorized to write life insurance checking this, I represent that the named person's written consent to and that the record will be used solely in connection with claims investigated.	censed by this state for any purpose permitted eys, marketing or solicitations pursuant to [RSA 260:14, V(a)(6)]. on relating to a holder of a commercial e individual has given their express consent (a)(2)].	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. mu be completed at Concord DMV.	
STEP 6 IMPORTANT!!! Please read the penalty			
RSA 260:14, IX states as follows: (a) A person is gu record to a person known by such person to be an unauthorized person; kn knowingly uses such information for any use other than the use authorized and held by such person may, upon conviction and at the discretion of the ounauthorized use or false representation shall be considered a separate of	nowingly makes a false representation to obtain by the department. In addition, any professiona court, be revoked permanently or suspended. E	information from a department record; or all or business license issued by this state	
Signature (this step is required):			
I have read the NH law RSA 260:14 and I understand the limitation form is signed under penalty of unsworn falsification pursuant to NH	s placed on the use of information received law RSA 641:3 and subject to the penaltic	d by the Department of Safety. This es specified in NH law RSA 260:14, IX.	
Signature of Requestor:	De	ate://	

You are required to bring photo identification that has not been expired for more than 3 years.

Please make checks payable to: "State of NH - DMV."

In person:Payment: