

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.

John J. Bartholmes
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)

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

<p>STEP 2</p> <p><u>Who are you?</u> Check ONE of the four boxes below:</p> <p><input type="checkbox"/> I AM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking.</p> <p><input type="checkbox"/> I am representing myself in a court case.</p> <p style="margin-left: 40px;">Docket # _____ Court: _____</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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).</p>	<p><u>Whose information are you looking for (the record holder's information)?</u></p> <p>*Full first name: _____</p> <p>*Full middle name: _____</p> <p>*Full last name: _____ <small>(Be sure to include a hyphen if applicable.)</small></p> <p>*Date of birth: ____/____/____</p> <p>Last known address: _____</p> <p>Driver license or ID #: _____</p> <p>Registration or plate #: _____</p> <p>Vehicle ID (VIN) #: _____</p> <p style="text-align: right;"><i>*Required Information</i></p>
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STEP 3 **REQUIRED - Information of the person filling out this form (the requestor):**

*Your full name: Pamela Joyal, Executive Director Name of company (if applicable): Interlakes Community Caregivers, Inc.
(Be sure to include a telephone if applicable.)

*Mailing address: P.O. 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**

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

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

State of _____, 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

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.

STEP 5

Intended Use of Information: To be completed only if you are a member of a bank or lienholder, a law 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).

**Requirements for a
Certificate of Authority:**

- ☐ 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 [RSA 260:14, 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: _____

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."