



Please be advised that when requesting New Hampshire DMV records for employment purposes, the end-user is required to have a New Hampshire State release form (DSMV 505) signed and notarized by the prospective applicant/employee. This state release form must be kept on file by the end-user and available upon request by Employment Screening Services, Inc.. The release form is attached.

STATE SPECIFIC INFORMATION:

New Hampshire Form DSMV 505

1. In Section I: Requested Information, check Box B.
2. In Section II: Requestor Information, the end-user/employer must complete their company information and name of Requestor.
3. In Section III: check the second Box: Driver Record (Non Certified copy)
4. Section IV Intended Use of Information, **does not** need to be checked (Leave blank).
5. Section V: Search For, complete all information of the prospective applicant/employee.
6. Section VI: Signed Authorization, enter end-user/employer name, signature of prospective applicant/employee, and it must be signed and stamped by a Notary Public/Justice of the Peace. In the Certification Box, the signature of the Requestor (end-user/employer) is required.
7. Section VIII. Penalty Clause read and understand RSA 260:14.

IMPORTANT:

The Form DSMV 505:

1. Must be completed prior to requesting New Hampshire DMV information.
2. Must be completed as directed and kept on file by the end-user/employer.
3. Must be made available upon request by Employment Screening Services, Inc..

VOICE
509-624-3851
800-473-7778

Corporate Office
627 E. Sprague * Suite 100 * Spokane, Washington * 99202

FAX
509-624-2905
800-321-2905

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be released to a third person:

_____ Date: _____
(Signature)

State of _____, County of: _____ ss Date: _____

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

In witness whereof I hereunto set my hand and official seal:

Notary Public/Justice of the Peace

Commission Expiration

Certification:

I have read 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 RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.

Signature of Requestor

Date: _____

VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B 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.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY

Date Received: _____

Date Sent: _____

Type of Identification: Valid Photo Driver License State-issued Photo ID Valid Military Identification
 Valid Passport Birth Certificate Other (specify) _____

ID Number _____

Employee Verifying Applicant Identification (Print Name)

Signature

-----DO NOT WRITE BELOW THIS LINE-----