Transport Central
258 Highland Street · PO Box 855 · Plymouth, NH 03264 · 1-855-654-3200
Let's go!

Thank you for your interest in volunteering with Transport Central.
Please complete and return the following required documents to begin the onboarding process:

Kindly ensure all highlighted sections are fully completed:

- **Volunteer Driver Application Form**
  - Complete all highlighted sections
- **DMV Record Release Form**
  - Step 2: Name, Date of Birth, Address, Driver's License Number
  - Step 4: Complete all highlighted sections
- **Criminal Record Release Form**
  - Section I: Complete in full
  - Section II: Complete all highlighted sections
- **Copy of Driver's License**
  - Must be clear and legible

Please submit completed documents using **one of the following methods**:

Mail:
Transport Central
P.O. Box 855
Plymouth, NH 03264

Email:
tc@transportcentral.org
(If submitting by email, please ensure all copies are clear and readable.)

Our office will complete notarization once all required documents and identification are received.

After your documents are received and reviewed, we will contact you to resume the onboarding process.

If you have any questions or need support while completing your application, please reach out:

Rafah Templeton
603-254-5261
rafah@transportcentral.org

We appreciate your time and commitment to supporting the mission of **Transport Central**.

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258 Highland Street · PO Box 855 · Plymouth, NH 03264 · 1-855-654-3200
Let's go!

Volunteer Driver Application

Name: _____ DOB:_____
(First) (MI) (Last)

Physical Address: _____

_____

Mailing Address: _____

_____

Home Phone: _____

Cell Phone: _____

Email: _____

Please check which services you are interested in volunteering for.

____ Long Distance Medical Trips (Lebanon, Concord, Laconia, etc.)

____ Local Area Trips (medical appointments, shopping, banking and other such necessary trips).

Once we receive your application we will setup a meeting to discuss the next steps.

Thank you so much for your time, we appreciate your interest!

Signature: _____ Date: _____

Robert L. Quinn
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

John C. Marasco
Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 1/26)

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 with current record information ($20)	☐ Certified vehicle/vessel information for registration year _____ ($20)	Request for owner's information: $20)	☐ Copy of a ticket ($1 per page): Date: _____	☐ Other (please specify): _____
☐ Driver record, insurance copy ($20)	☐ A letter verifying a walking disability placard ($15)	☐ Storage or Mechanic's Lien	☐ Copy of a suspension notice ($1 per page): Date: _____	_____
☐ A copy of a driver license application ($20)	☐ Report of only currently registered vehicles ($5)	☐ Abandoned Vehicle (must attach a TDMV 71, which can be found on our website www.nh.gov/dmv)	☐ Copy of a restoration letter ($1 per page): Date: _____	_____
☐ A letter verifying a NH driver license with original issue date ($20)	☐ A copy of a bill of sale ($1)	☐ Title history search for a vehicle ($20) (this is not a duplicate title)	☐ 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**: _____/_____/_____
☐ A copy of a Driver Education Certificate ($1)		☐ Titled owner's supporting documents submitted when applying for a title ($1 per page)	☐ Copy of an insurance card related to an accident ($1).	**Location of accident:** _____ Street or Route _____ City/Town

STEP 2 ***Who are you?*** Check **ONE** of the three 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)? *Required information

*Full name (include hyphen if applicable):

_____
First name Middle name Last name

*Date of birth: _____/_____/_____

Last known address: _____

Driver license or ID #: _____

- - - - - - - - - - - - - - - - OR - - - - - - - - - - - - - - - -

Plate or Bow #: _____

Vehicle or Boat Identification Number (VIN/HIN):

_____

STEP 3 ***Information of the person filling out this form (the requestor):*** ***Required information**

*Your full name: WILLIAM R. BOLTON JR. Your phone number: (855) 654 - 3200
(Be sure to include a hyphen if applicable.)

*Mailing address: PO BOX 855 PLYMOUTH NH 03264
Street/PO Box City/Town State Zip

If Applicable:
Company Name: TRANSPORT CENTRAL NHB#_____ Prepaid Acct. #: _____

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 GRAFTON, ss. Date: ____/____/_____

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

_____ 11/02/2027
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 (C.O.A.):

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.
8. A requestor may not sign or authorize their own C.O.A.

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."

State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit
33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 1064:14 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 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, (not required).

SECTION I (PLEASE PRINT CLEARLY)

Last Name_____ **First Name**_____ **Maiden**_____ **MI**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Date of Birth_____ **Hair Color**_____ **Eye Color**_____ **Male** ☐ **Female** ☐

Driver's License Number_____ **State**_____

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

Signature_____ **Date**_____

Signed under penalty of unsworn falsification pursuant to RSA 641:3

PURPOSE OF RECORD

☐ **Housing** ☐ **Employment** ☐ **Annulment/Expungement** ☑ **Other** VOLUNTEER

SECTION II

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

Person or Entity to Receive Record TRANSPORT CENTRAL

Address PO BOX 855 **City** PLYMOUTH **State** NH **Zip** 03264

Your Signature_____ **Date**_____

Notary's Signature(not required)_____ **Date**_____

Signature of person/entity to receive record _____ (Affix seal) **Date**_____

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.