Robert L. Quinn
Commissioner of Safety

State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES

23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1

John C. Marasco
Director of Motor Vehicles

Affidavit of Ownership for Antique Vehicles
RSA 261:4-a

Date: _____

I _____ of _____
Owner's Name ***Address***

Hereby certify that I own a _____ _____ _____ _____ _____
Model Year ***Make*** ***Model*** ***Color*** ***Body Style***

Bearing Vehicle Identification Number | | | | | | | | | | | | | | | | | |

I purchased said vehicle on _____
Date

I purchased said vehicle from _____ _____
Name of Seller ***Address of Seller***

I certify under penalty of unsworn falsification pursuant to RSA 641:3 that I am not in possession of a prior title or prior registration.

I, _____ hereby certify that all the above information is true and correct.
Signature

Notary Public/Justice of the Peace Acknowledgement:

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

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

_____ _____ **AFFIX SEAL HERE**
Notary Public/Justice of the Peace Commission Expiration