	obert L. Quinn		State of New Hampshire Department of Safety Division of Motor Vehicles 23 Hazen Drive, Concord, NH 03305 (603) 227-4030									Elizabeth A. Bielecki Director of Motor Vehicles							
	AF	PLICATION	FOR REPI		EMEN	T PL	ATE	ES A	ND/O	r de	ECA	LS							
N.H. Plate Nu	Туре:	De: Phone #																	
Please chec	k replacement ne	eded: DC	NOT MAIL	CAS	н														
1 plate (Includes decal fee): \$4.00 2 plates (Includes decal fee): \$8.00										Decals Only: \$1.00									
REASON:	LOST	STOLE	N	DES	STROYE	D			PLATE	CHAI	NGE								
NOTE: A set of plates with the same number can only be ordered if one or both plates are surrendered with this application. If the plates were stolen, a new number must be issued.																			
OWNER'S NAME:			DOB:							OOB:									
ADDRESS:																			
	Street	City									State				Zip Code				
DESCRIPTIC	ON OF VEHICLE:				1 1		1			_									
Yr.:	Make:	Model:	VIN:																
I certify that the above replacements are needed for the reason indicated and that the loss was reported to the , N.H. Police Department.																			
Owner's Sig	nature	Signed un	der penalty of uns	worn fa	alsification	pursua	nt to F	RSA 64	41:3				ł	RDM	V125 ((Rev	3/20	20)	