



NEW HAMPSHIRE STATE FORM INSTRUCTIONS (EMPLOYMENT)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **employment** purposes only.
 - **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
 - Fill in all blanks in **account information** fields completely.
 - Sign and date the forms in the fields provided.
 - Only a person who is authorized to execute contracts for your company should complete and sign this form.
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- FAX forms to: 216-450-5155
Attn: Tammie Hurt/Compliance Dept
 - Direct Telephone - 866-514-3404

1. **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
2. COMPLETE & SIGN TO RECEIVE NEW HAMPSHIRE DRIVER RECORD INFORMATION.
3. **FAX COMPLETED FORM TO:** 216-450-5155
ATTN: COMPLIANCE DEPT

Fold on dotted line before copying onto letterhead.

NEW HAMPSHIRE MOTOR VEHICLE EMPLOYMENT STATEMENT

(Please Type or Print Information)

I hereby certify:

- A. That the COMPANY designated below is an employer or prospective employer of the requested individual on the New Hampshire Driver Record Information and a motor vehicle record is being requested on the employee or prospective employee because operating a motor vehicle is a condition of employment.
- B. That INSURANCE INFORMATION EXCHANGE (iiX) is acting as agent for said COMPANY.
- C. That Driver Record Information obtained by iiX for said COMPANY shall be used exclusively for driver safety purposes, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party.
- D. That the information contained in the Driver Record Information obtained from New Hampshire Motor Vehicle Division shall be used in accordance with the requirements and in no way violate the New Hampshire state regulations, Saf-C 5600, and state law, RSA 260:14.
- E. That all Fair Credit Reporting Act (F.C.R.A.) and Driver's Privacy Protection Act (D.P.P.A.) regulations have been met with regard to the requests submitted by the said COMPANY to iiX. This relates specifically to obtaining a signed release for each Driver Record Information request submitted to iiX.

I affirm that I am a representative authorized to bind the COMPANY named below and I will comply with RSA 260:14 and I understand the limitations placed on the use of information received from the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

“**RSA 260:14, IX (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 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.”

Name of Company	Address
	City, State Zip Code
Authorized Representative Signature	Phone Number
Printed Name	Fax Number
Email Address	Date

Authorized Representative's Position with Company
(Title)