



CITY OF ROCHESTER, NH
Tax Collector's Office
19 Wakefield Street
Rochester, New Hampshire 03867-1917
Phone (603) 332-1136
Fax (603) 335-7580

Permission to Register Vehicle and/or a Title

Date: _____

I, _____ do hereby grant permission for
(Primary Owner)

_____ to register and/or title vehicle,
(Name/Runner)

on my behalf. Vehicle VIN# _____

Year _____ Make _____ Model _____

I (we) would like to register the above stated vehicle with plate _____.
Ex. Passenger, Moose, State Park, Vanity, Handicap).

Signature of Primary Owner of Vehicle

Date

PENALTY:

A PERSON WHO, WITH FRAUDULENT INTENT, USED A FALSE OR FICTITIOUS NAME OR ADDRESS, OR MAKES A MATERIAL FALSE STATEMENT, OR FAILS TO DISCLOSE A SECURITY INTEREST, OR CONCEALS ANY OTHER MATERIAL FACT, IN AN APPLICATION FOR A CERTIFICATE OR TITLE, OR IN ANY PROOF OR STATEMENT OF WRITING IN CONNECTION THEREWITH, SHALL BE GUILTY OF A CLASS B FELONY IF A NATURAL PERSON, OR GUILTY OF A FELONY IF ANY OTHER PERSON. RSA 262:1,1