



UNH Transportation Services

Parking & Transit Center
20 Sage Way
Durham, NH 03824-4728

Transit: 603.862.2328
Parking: 603.862.1010
Fax: 603.862.2638
TTY: 800.735.2964

www.unh.edu/transportation

Dear Prospective Applicant,

Thank you for your interest with the University of New Hampshire, Transportation Services Department (UTS). Our mission is to create and maintain a safe and orderly environment for travelers to and around campus, while also providing a broad range of high quality, cost effective parking and transportation programs and services. We pride ourselves on customer satisfaction and operational excellence. These values are achieved through an environment that fosters an atmosphere of cooperation, dedication, honesty, creativity, and trust. UTS strives to assure integrity and accountability in all of its actions and decisions. We ensure that our employees have opportunities for development, advancement, and share in the commitment to embrace new concepts and technologies.

The minimum qualifications require applicants to be at least 18 years of age, have a minimum of 2 years of driving experience, and have a good driving record. A good driving record consists of no more than 3 moving violations within the past 3 years. Of those 3 violations there may be no more than 1 collision where the applicant is at fault. The prospective applicant cannot have any DWI's or DUI's on their record at all. Applicants will be subject to a criminal record background check, a DMV record check and a pre-placement driving test. Applicants are required to pass a Department of Transportation (DOT) drug test and physical before they are officially hired. These will be scheduled following a successful interview. Applicants will also be subject to drug and alcohol testing throughout their employment per DOT regulations.

You may pick up an application packet at our office which is located in the Parking and Transit Center, 20 Sage Way, Durham, NH, adjacent to Lot A. The DMV release will need to be notarized. For your convenience, we have Notaries available in our building. Once you have completed the application, please turn the application in to me at the address listed above. I will review your application and contact you to set up an interview. Again, thank you for your interest with University Transportation Services and I look forward to speaking with you.

Sincerely,

Mark R. Hyson

Mark R. Hyson
Assistant Manager
(603) 862 – 0838
mark.hyson@unh.edu

DATE

Employment Applications
University of New Hampshire

UNH Transportation Services
20 Sage Way
Durham, New Hampshire 03824

NAME _____
 LAST FIRST MI

SOCIAL SECURITY # _____

MAILING ADDRESS _____

DAY TELEPHONE _____

EVENING TELEPHONE _____

Have you ever been employed by UNH or any other USNH campus? _____ Yes _____ No

If Yes, date(s) worked _____ Name (if different): _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you been convicted of a felony that has not been annulled by a court? _____ Yes _____ No

(Such conviction does not necessarily bar you from employment)

MI

If Yes, Please explain in complete detail on a separate sheet and attach.

TYPE OF WORK DESIRED (1) _____ (2) _____

EDUCATION

Name and Address of School	Course of Study	Did You Graduate	# of Years Completed	Degrees or Credits Earned
High School / GED				
Business/Trade/Tech School				
College				
Other				

FIRST

List any achievements, licenses, certifications, software skills and/or other specialized skills or knowledge that you feel may relate to positions at the University

License/Certification/Software/Specialized Skill	Date	License/Certification/Software/Specialized Skill	Date

LAST NAME

The University is an Affirmative Action/Equal Opportunity Employer

EMPLOYMENT

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment records). Please use a separate piece of paper if more space is required for providing this information.

Employer		Address		Telephone	
Job Title		Supervisor's Name		# Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		Duties			
Full-Time	Yrs				Mos
Part Time	Yrs				Mos

If part time, hours per week

Employer		Address		Telephone	
Job Title		Supervisor's Name		# Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		Duties			
Full-Time	Yrs				Mos
Part Time	Yrs				Mos

If part time, hours per week

Employer		Address		Telephone	
Job Title		Supervisor's Name		# Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		Duties			
Full-Time	Yrs				Mos
Part Time	Yrs				Mos

If part time, hours per week

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application and accompanying resume or interviews will be sufficient cause for cancellation of this application and/or termination from the University System of New Hampshire if I have been employed. Furthermore, I understand that assignment to work and/or continued employment in a position classified as "heavy duty" will follow a physical examination to determine my ability to perform the requirement of the position. I understand that assignment to work and/or continued employment in a position classified as "safety-sensitive" will follow all a pre-placement drug test and be subject to all testing requirements in accordance with Federal Motor Carrier Safety Regulations (FMCSRs) and Federal Transit Administration (FTA) regulations. I authorize the University System of New Hampshire to investigate all information provided and to secure additional information about me for Personnel decisions. I freely release from liability the University System of New Hampshire and its representatives for seeking such information and all other employers, persons, schools, or organizations for furnishing such information.

I have read and understand the above.

Signature of Applicant

Date

University Transportation Services

Supplemental Application for Employment

Name: _____ UNH ID #: _____

E-mail address:(print clearly) _____ @ _____

Current School/Local Address: Dorm: _____ Room #: _____

Current School/Local Mailing Address: _____
Street City State Zip

School Phone # : (_____) - _____ - _____ Home (Perm/parent) Phone # : (_____) - _____ - _____

Cell Phone # : (_____) - _____ - _____

Permanent Address: _____
Street City State Zip

Previous three years residency:

Dates (month/year): _____ Address: _____
Street City State Zip

Dates (month/year): _____ Address: _____
Street City State Zip

Dates (month/year): _____ Address: _____
Street City State Zip

License Information:

Month & Year when you originally received your drivers' license: _____

State	License #	Type <small>(operator, CDL, endorsements)</small>	Expiration Date

Driving Experience:

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approx # of miles (total)
		From	To	
Straight Truck				
Tractor and semi-trailer				
tractor - two trailers				
Other				

Accident record for past 3 years (attach sheet if more space is needed):

Date	Nature of Accident Head-on, Rear-end, etc	# of Fatalities	# of Injuries	Chemical Spills? Yes / No

Traffic Convictions and forfeitures for the past 3 years (other than parking violations; attach sheet if more space is needed):

Date	Violation Head-on, Rear-end, etc	State Violation was in	Penalty Forfeited, bond, collateral, points

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes No**

If yes, explain: _____

Has any license, permit or privilege ever been suspended or revoked? **Yes No**

If yes, explain: _____

Employment History:

Please explain any gaps in employment and/or unemployment. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any previous employers? **Yes No** If "yes", which employer(s)? _____

Were any previous positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

If "yes", which employer(s)? _____

In the past two years, have you tested positive or refused to test on any pre-employment/pre-placement drug and/or alcohol test administered by an employer to which you have applied, but did not obtain, for safety-sensitive

transportation work (examples of safety-sensitive jobs include but are not limited to: driving, dispatching, maintenance) covered by the DOT (Department of Transportation) drug and alcohol testing rules? **Yes** **No**

I understand I am to report all prescription drugs that I am taking or take during my employment with UTS and that I am required to have my doctor complete the prescription drug form that ok's me to work while I am on the prescription(s) (this form is available from the Transportation Services Supervisor and Manager). Initial here please certifying you have read and will abide by this requirement during your employment: _____

I willfully give my Date of Birth and understand that this information will be held in confidence and will in no way affect my eligibility for hiring. Initials: _____ Date of Birth: _____

I understand that the University of New Hampshire Transportation Services may request me to supply them with a copy of my motor vehicle record at any time during my employment and that I must supply it upon that request. Blank NH applications are available at the Wildcat Transit office and can be notarized here free of charge. Initials: _____

To be read and signed by the applicant:

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me in this application packet and accompanying resume or interviews will be sufficient cause for cancellation of this application and/or termination from the University System of New Hampshire if I have been employed. Furthermore, I understand that assignment work and/or continued employment is contingent upon my continuing to have no more than three (3) moving violations (no DUI's) on my driving record and passing a criminal background check. Should I receive more than three violations or a DUI or have an unacceptable criminal background check then it will be sufficient cause for termination from UTS. I understand I am required to report all moving violations I receive both during work and outside of work to the Transportation Services Assistant Manager or Manager immediately.

Date of UNH Graduation (If UNH student): _____

I certify that I have read and understand all information in this supplemental application form & in the application packet and that it is correct to the best of my knowledge.

Signature of Applicant

Date

DRUG & ALCOHOL TESTING NOTICE

The Wildcat Transit system has established the goal of 100 percent Drug and Alcohol Free Workplace. Applicants will be required to undergo Drug and Alcohol Testing prior to employment and will be subject to further urine and breath alcohol testing throughout their period of employment.

We are required by law to do drug and alcohol testing. Any applicant who refuses the test will not be hired. Any applicant who tests positive for either drugs and/or alcohol will not be hired.

The Drug & Alcohol Testing categories are:

- Pre-placement
- Random
- Reasonable Suspicion
- Post Accident
- Return to duty
- Follow-Up

The test for drugs is a urine screen and for alcohol it is an Evidential Breath Testing Device.

Prohibited behavior pertaining to drug and alcohol use and DOT (Department of Transportation 49 CFR Part 655) testing requirements during the course of employment at Wildcat Transit include but are not limited to the following:

- Consumption of prohibited drugs at all times (this includes off-duty time as well).
- Any alcohol consumption while on duty
- A BAC of .04 or greater for all employees reporting for duty or on duty.
- Consumption of any alcoholic beverages 4 hours prior to duty
- Consumption of any alcoholic beverages while on-call
- Consumption of any alcoholic beverages 8 hours following an accident unless the individual has completed their post accident testing requirements.

All employees are issued the University of New Hampshire's Drug and Alcohol Policy and Procedures for the Testing as well as a DOT handbook.

All employees receive a minimum of one hour of training for the Drug & Alcohol testing.

I have read, understand, and will comply with this notice at all times during my employment. I understand failure to comply with these regulations will result in disciplinary action up to and including termination

Signature

Date

Name - print clearly

UNH POLICY ON DRUG-FREE WORKPLACE

The University of New Hampshire as an employer strives to maintain a workplace free from illegal use of controlled substances.

Unlawful manufacture, distribution, dispensation, possession or use of a controlled substance by University employees on University premises or off our premises while conducting University business is prohibited. Violation of this policy will result in disciplinary action, up to and including termination and may have further legal consequences.

The University recognizes controlled substance dependency as an illness and a major health as well as potential safety or security problem. Employees are encouraged to seek assistance by contacting University Health Services, or by calling 1-800-424-1749 (Employee Assistance Program), as well as utilizing health insurance and appropriate leave of absence plans. Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

Employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a drug criminal statute. A report of a conviction must be made to the immediate supervisor within five (5) days after the conviction. If the employee is covered by a grant or contract, the University must notify the contracting agency within ten (10) days after receiving a notice of conviction. (These requirements are mandated by the Drug-Free Workplace Act of 1988. This policy is an extension of, and consistent with, USNH Policy Manual Section VII-A-17.1 and 17.2).

I certify that I have read and will abide by the above drug policy statement.

Name (print clearly): _____

Signature: _____

Date: _____

Driver Work Schedule Request Form

Name:	Tentative Graduation Date:
School/Home Address**	E-Mail:**
Cell Phone**	OK To Text You: Yes No

****PLEASE INDICATE IF ANY CONTACT INFORMATION HAS CHANGED****

Please write the word **CLASS** where you have classes. Please block out the times that you can't work and the times that you don't want to work. *All employees must work a minimum of 6 hours per week on the permanent schedule unless approved by the Manager. All employees must leave open one early morning shift 5:30 - 8:00 am OR one late night closing shift 8:00 pm – Close (M – F) AND a five hour block on either Saturday or Sunday. **FRIDAY NIGHT IS NOT CONSIDERED A WEEKEND.***

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:30 - 8:00 AM							
8:00 - 9:00 AM							
9:00 - 10:00 AM							
10:00 - 11:00 AM							
11:00 - 12:00 AM							
12:00 - 1:00 PM							
1:00 - 2:00 PM							
2:00 - 3:00 PM							
3:00 - 4:00 PM							
4:00 - 5:00 PM							
5:00 - 6:00 PM							
6:00 - 7:00 PM							
7:00 - 8:00 PM							
8:00 - 9:00 PM							
9:00 - 10:00 PM							
10:00 - 11:00 PM							
11 PM - 1:00 AM							
1 AM - 5:30 AM							

HOW MANY HOURS PER WEEK DO YOU WISH TO WORK? _____
 (All employees must give 5 – 10 hours of availability above the maximum number of hours you wish to work.)

Feel free to use the back of the sheet for notes!

University of New Hampshire Transportation Services

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of employees. This data is **for analysis and affirmative action purposes only**. Submission of information is voluntary. If you do not wish to complete the questionnaire, please print your name and last four digits of your social security number and return the survey to Beverly Cray, Manager, Transportation Services.

Name (print clearly): _____
Last First Middle

Social Security Number: XXX – XX - _____

Please Designate Appropriate Answers:

Gender: _____ Female _____ Male **Date of Birth:** _____
Month Day Year

Ethnic Background (check one):

- Hispanic or Latino** – a person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Non-Hispanic or Non-Latino**

Race (Check one):

- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Please see reverse side for Veteran Information

VETERAN STATUS

PLEASE CHECK ALL THAT APPLY

Veteran Era Veteran Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred:
 - a. in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or
 - b. between August 5, 1964 and May 7, 1975, in all other cases: or
2. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed:
 - a. in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or
 - b. between August 5, 1964 and May 7, 1975, in all other cases.

War/Campaign/Expedition Veteran War/Campaign/Expedition Veteran means: A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Special Disabled Veteran Special Disabled Veteran means:

1. A veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability:
 - a. rated as 30 percent or more, or
 - b. rated at 10 to 20 percent, in the case of a veteran who has been determined under Section 3106 of Title 38, USC, to have a serious employment handicap; or
2. A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran Any veteran who served on active duty in the U. S. Military (ground, naval or air service) during the one year period beginning on the date of such veteran's discharge or release from duty.

University Of New Hampshire

Transportation Services

Information Disclosure and Consent Form

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the University of New Hampshire and its designated agents and representatives to conduct a comprehensive review of my background. The scope to the background review may include education, a criminal history review, sex and violent offender registry, social security trace and verification. A summary of your rights under the Fair Credit Reporting act is attached.

Name (print clearly): _____
First Middle Last

Email Address: _____

Date of Birth: _____

USNH ID (if you have one): _____

I have carefully read and understood this Disclosure and Consent form. By my signature below, I consent to the release of consumer reports as outlined above to the University Of New Hampshire and its designated representatives and agents. I certify the information I provided on this form is true and correct and I agree that this Disclosure and Consent form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the University Of New Hampshire.

Signature: _____ Date: _____

Applicants will be sent an e-mail from *HireRight* asking you to provide them with information to complete the background check. Please watch for this e-mail and respond back to *HireRight* as quickly as possible.

A notarized copy of the Release of Motor Vehicle Records, NH Department of Safety must accompany this form.

Due Process Rights

(Regarding information received as a result of investigations required by 49 CFR 391.23(d) and (e))

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49 CFR 391.23 (d) and (e):

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information;
- Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Received by (print clearly): _____

Signature: _____ Date: _____



John J. Barthelmes
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



Elizabeth A. Bielecki
Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS FORM DSMV 505 (Rev. 10/17)

STEP 1 <u>What information are you requesting from the DMV?</u>				
DRIVER information:	REGISTRATION information:	TITLE information:	TICKET, ACCIDENT OR COURT information:	OTHER information:
<input type="checkbox"/> Driver record, certified copy (\$15) <input type="checkbox"/> Driver record, insurance copy (\$15) <input type="checkbox"/> A copy of a driver license application (\$15) <input type="checkbox"/> A letter verifying a NH driver license (\$15) <input type="checkbox"/> A copy of a Driver Education Certificate (\$1)	<input type="checkbox"/> Certified copy of a vehicle registration for year: _____ (\$15) <input type="checkbox"/> Report of only currently registered vehicles (\$5) <input type="checkbox"/> A letter verifying a NH boat or vehicle registration, or walking disability placard (\$15) <input type="checkbox"/> A copy of a bill of sale (\$1)	<input type="checkbox"/> Title history search for a vehicle (\$20) (this is not a duplicate title) <input type="checkbox"/> Owner's supporting documents submitted when applying for a title (\$1 per page) Out-of-state company request for a title search of an owner's information (\$20): <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle NH company request for owner's information: <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle (must attach a TDMV 71, which can be found on our website www.nh.gov/dmv)	<input type="checkbox"/> Copy of a ticket (\$1 per page): _____ <input type="checkbox"/> Copy of a suspension notice (\$1 per page): _____ <input type="checkbox"/> Copy of a restoration letter (\$1 per page): _____ <input type="checkbox"/> An accident report (\$5 minimum, \$1 per page. You will be notified if cost exceeds \$5). Please complete the information to the right → → → → <input type="checkbox"/> Copy of an insurance card related to an accident (\$1).	<input type="checkbox"/> Other (please specify): _____ _____ _____ _____ Date of accident: _____ / _____ / _____ Location of accident: _____ <small>Street or Route</small> _____ <small>City/Town</small>

STEP 2 <u>Who are you?</u> Check ONE of the four boxes below:	<u>Whose information are you looking for (the record holder's information)?</u>
<input type="checkbox"/> I AM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking. <input type="checkbox"/> I am representing myself in a court case. Docket # _____ Court: _____	*Full first name: _____ *Full middle name: _____ *Full last name: _____ <small>(Be sure to include a hyphen if applicable.)</small> *Date of birth: _____ / _____ / _____ Last known address: _____ Driver license or ID #: _____ Registration or plate #: _____ Vehicle ID (VIN) #: _____
<input type="checkbox"/> 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.	*Required Information
<input type="checkbox"/> 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).	

STEP 3 <u>Information of the person filling out this form (the requestor):</u>
*Your full name: _____ Name of company (if applicable): _____ <small>(Be sure to include a hyphen if applicable.)</small>
*Mailing address: _____ <small>(If information is mailed, it will be mailed to this address)</small>
*City/Town, State, Zip: _____ *Your phone number: (____) _____ - _____

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:

_____/_____/_____
Signature of record holder Date: ____/____/____

State of _____, County of _____, ss. Date: ____/____/____

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

_____/_____/_____
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 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)(7), 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:**

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 owner/principle.
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.

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."

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment, my application for employment, or, in the case of non-employees, my use of a vehicle owned, rented or borrowed by University System of New Hampshire, I understand that a motor vehicle record (or driver record), which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to USNH, and Fred C. Church, Inc.(Broker) or its commercial automobile insurance carrier.

As the record holder, I hereby authorize procurement of my driver record. This authorization shall remain on file and shall serve as ongoing authorization for you to procure such records at any time during my employment or for my continued use of a vehicle owned, rented or borrowed by USNH.

Full Legal Name (include Middle Name)

Address

Driver's License Number

State of Issuance

Date of Birth

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>