



# Derry Bureau of Emergency Management

James K. Richardson  
Director

14 Manning Street  
Derry, New Hampshire 03038

Business: 603-432-6121  
FAX: 603-537-9216

Dear Prospective Member(s),

Thank you for your interest in becoming a member the Community Emergency Response Team (CERT) of Derry.

The CERT provides a valuable service to the citizens and emergency personnel of Derry. CERT will most commonly be activated by the Town of Derry – Emergency Management Director, in the event of a large-scale emergency. CERT members will be notified of a need for assistance through the Derry Fire Department of Communication Center via group text message, followed by a phone call. In addition to the Derry Fire Department, the Derry Police Department, and the State of NH – Department of Fish and Game may also request CERT assistance.

Throughout the year, CERT conducts various training events to ensure the team is ready to respond to a wide array of emergencies. Several training topics include, but are not limited to establishing, and operating an emergency over-night shelter, assisting with search and rescue operations, receiving first-aid training such as CPR, and traffic control operations. These courses are offered annually by experienced emergency management personnel at no charge to you.

Attached is a copy of the CERT application package for your review. We ask that you fill out each of the documents fully and accurately.

The Package consists of the following:

1. The CERT Membership Application.
2. A NH Criminal Records Release Form to request a background check by the NH State Police. This document must be notarized prior to submitting to the state.
3. A State of NH, Department of Motor Vehicle Record Request. Driving infractions may not necessarily preclude you from participating as a member of CERT.
4. A Medical Release Form that identifies whether there should be any restrictions to assigned duties. A completed and signed form is requested no later than 4 months after becoming a CERT member. Please note, an updated medical release form, signed by your physician will be required every two years to remain as an active team member. This requirement is for your safety and the safety of your team.

Once your completed application and all attached forms have been received and reviewed, you will be contacted to briefly review the next step of joining the team.

**PLAN - PREVENT - PROVIDE**

CERT meets every other month. The location of these scheduled trainings will be decided based on team size and training topic.

If you have any questions, please don't hesitate to contact me. And with warmest personal regards, I am,

Sincerely,

Jacob Pelletier  
Community Emergency Response Team (CERT) Liaison  
Town of Derry, Bureau of Emergency Management  
[jacobpelletier@derrynh.org](mailto:jacobpelletier@derrynh.org)

# Community Emergency Response Team (CERT) of Derry



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street City State ZIP

Contact: ( ) - ( ) - \_\_\_\_\_  
Home Phone Mobile Phone Email

Emergency Contact: ( ) - ( ) - \_\_\_\_\_  
Home Phone Mobile Phone

## Certification and Authorization

I certify that all of the information in this application is true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for denying my participation with this team. I understand that all the information contained in this application may be subject to verification. I authorize the Town of Derry to investigate any of the information in this application.

\_\_\_\_\_  
Signature Date

The Community Emergency Response Team (CERT) of Derry is sponsored by the Town of Derry, Bureau of Emergency Management. Any questions regarding this application should be directed to Jacob Pelletier by email: [jacobpelletier@derrynh.org](mailto:jacobpelletier@derrynh.org). Please bring your completed application with you to the next scheduled training or mail it to the following address:

Town of Derry, Bureau of Emergency Management  
Attn: Jacob Pelletier  
14 Manning Street  
Derry, NH 03038

## Attachments:

- NH DMV Motor Vehicle Record Request
- NH Criminal Record Request
- Medical Release Form

## For Office Use:

Date Application Received: \_\_\_\_\_



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit  
33 Hazen Drive, Concord, NH 03305

## CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

### INSTRUCTIONS

NH RSA 1064:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized, (not required).

### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Male  Female   
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

### PURPOSE OF RECORD

Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature(not required) \_\_\_\_\_ Date \_\_\_\_\_

(Affix seal)

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

### RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The Director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number \_\_\_\_\_

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.



Robert L. Quinn  
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



John C. Marasco  
Director of Motor Vehicles

### RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 3/22)

<b>STEP 1</b> <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 with current record information (\$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 with original issue date (\$15) <input type="checkbox"/> A copy of a Driver Education Certificate (\$1)	<input type="checkbox"/> Certified vehicle/vessel information for registration year _____ (\$15) <input type="checkbox"/> A letter verifying a walking disability placard (\$15) <input type="checkbox"/> Report of only currently registered vehicles (\$5) <input type="checkbox"/> A copy of a bill of sale (\$1)	<b>Out-of-state company</b> request for a title search of an owner's information (\$20): <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle  <b>NH company</b> 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 <a href="http://www.nh.gov/dmv">www.nh.gov/dmv</a> )  <input type="checkbox"/> Title history search for a vehicle (\$20) (this is not a duplicate title) <input type="checkbox"/> Titled owner's supporting documents submitted when applying for a title (\$1 per page)	<input type="checkbox"/> Copy of a ticket (\$1 per page): Date: _____ <input type="checkbox"/> Copy of a suspension notice (\$1 per page): Date: _____ <input type="checkbox"/> Copy of a restoration letter (\$1 per page): Date: _____  <input type="checkbox"/> An accident report (\$5 minimum, \$1 per page. You will be notified if cost exceeds \$5). <b>Please complete the information to the right</b> → → → → → → → → → → → <input type="checkbox"/> Copy of an insurance card related to an accident (\$1).	<input type="checkbox"/> Other (please specify): _____ _____ _____ _____  <b>Date of accident:</b> _____ / _____ / _____  <b>Location of accident:</b> _____ Street or Route _____ City/Town

<b>STEP 2</b> <u>Who are you?</u> Check ONE of the three boxes below:	<u>Whose information are you looking for (the record holder's information)?</u> *Required information
<input type="checkbox"/> <b>I AM THE RECORD HOLDER OR VEHICLE OWNER</b> of the above documents I am seeking. <input type="radio"/> I am representing myself in a court case. Docket # _____ Court: _____	*Full name (include hyphen if applicable): _____ First name Middle name Last name  *Date of birth: _____ / _____ / _____ Last known address: _____ Driver license or ID #: _____ ----- OR ----- Plate or Bow #: _____ Vehicle or Boat Identification Number (VIN/HIN): _____
<input type="checkbox"/> <b>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.</b>	
<input type="checkbox"/> <b>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).</b>	

<b>STEP 3</b> <u>Information of the person filling out this form (the requestor):</u> *Required information
*Your full name: _____ Your phone number: (_____) _____ - _____ <small>(Be sure to include a hyphen if applicable.)</small>
*Mailing address: _____ <small>Street/PO Box City/Town State Zip</small>
<b>If Applicable:</b> Company Name: _____ NHB# _____ Prepaid Acct. #: _____

**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 **storage** or 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), 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 [RSA 260:14, 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 (C.O.A.):**

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 attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31<sup>st</sup>.
7. All requests requiring a C.O.A. must be completed at Concord DMV.
8. A requestor may not sign or authorize their own C.O.A.

**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."