

STATE OF NEW HAMPSHIRE



DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
BUREAU OF ROAD TOLL OPERATIONS  
JAMES H. HAYES SAFETY BUILDING  
33 HAZEN DRIVE, CONCORD, NH 03305  
TDD Access: Relay NH 1-800-735-2964

**HOUSEHOLD GOODS CARRIER ANNUAL REPORT**

The Bureau of Road Toll Operations must receive a Household Goods Carrier Annual Report annually by July 1<sup>st</sup>.

(1) Household Goods Carrier Legal Name: \_\_\_\_\_

Household Goods Carrier Certificate Number: \_\_\_\_\_

(State whether the Household Goods Carrier is a natural person, partnership or corporation)

Mailing Address Street & No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

(2) Provide a list of all of vehicles to be used in the carriage of household goods including the state the vehicle is registered in, the registered vehicle's corresponding license plate number, the registered vehicle's corresponding carrier plate number, the year, make and model of the vehicle, the vehicle's Gross Vehicle Weight Rating (GVWR), whether or not the vehicle is used in combination with a trailer, the total combined GVWR of the vehicle and trailer, and the vehicle's identification number (VIN) (include a separate sheet if necessary).

(3) Attach a certificate of insurance.

(Note: Insurance coverage requirements are outlined in Saf-C 4602.02 Certificate of Insurance.)

(4) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

"THIS ANNUAL REPORT IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3"

Failure to file this annual report by July 1<sup>st</sup> is grounds for revocation per Saf-C 4604.03.