



Phone: (603) 887-3636

E-Mail: townclerk@chesternh.org

Fax: (603) 887-4334

TRANSFER PLATE (to a new vehicle)

Vehicle Registrant's Information:

| | |
|--------------------------|--|
| Name: | |
| Street Address: | |
| Mailing Address: | |
| Telephone Number: | |
| Email Address: | |

I, _____ request to transfer plate, NH _____ (for which I
Print Full Name *Plate Number*
am the primary registrant of) to my new vehicle a _____
Year *Make* *Model*

CHECKLIST OF DOCUMENTATION NEEDED TO COMPLETE TRANSFER

- Current registration to the plate being transferred (must be original, copies not accepted)
- Properly executed title* or Certified Title Application (from a dealer) for new car
- Bill of Sale
- Copy of government issued ID
- Payment for amount owed (please email the Town Clerk's office for a quote)
 - If paying by check, make it payable to the Town of Chester.
- Self-addressed, stamped envelope for your registration(s) to be returned to you

*Titles should be signed and dated by the "Seller" and include the current mileage at the time of purchase. You (the Buyer) should also fill out the sections pertaining to "Buyer" and be sure to sign and date where applicable.

By signing this form, I attest the above information is included and is necessary for this transaction.

I understand if any of this information is not included, my transaction will not be processed and my information will be sent back to me. _____

Signature of Registrant