

The State of New Hampshire

AFFIDAVIT OF ASSETS AND LIABILITIES

- 1. Name: \_\_\_\_\_
- 2. Where do you live? \_\_\_\_\_
- 3. Marital Status: \_\_ single \_\_ married \_\_ divorced \_\_ separated \_\_ widowed
- 4. List the names, ages, relationships of dependents you support:

\_\_\_\_\_

- 5. If you are presently employed, state where and for how long: \_\_\_\_\_
- 6. If unemployed, state last date of employment: \_\_\_\_\_
- 7. When do you anticipate new employment: \_\_\_\_\_
- 8. If your spouse is presently employed, state where and for how long? \_\_\_\_\_  
\_\_\_\_\_ Full-time \_\_ Part-time \_\_\_\_\_
- 9. If spouse is unemployed, state last date of employment: \_\_\_\_\_
- 10. List other employed household members and their weekly income: \_\_\_\_\_
- 11. Please state WEEKLY take-home amount:

	Yours	Spouse's
Salary/Wages	\$ _____	\$ _____
Pension/Trust benefits	_____	_____
Unemployment Compensation	_____	_____
Social Security	_____	_____
Investment Income	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Welfare Payments	_____	_____
Other	_____	_____

- 12. What money is presently available to you?
- Cash on hand: \$ \_\_\_\_\_
- Checking Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Name on Account
- Savings Account: \_\_\_\_\_ \$ \_\_\_\_\_  
Name on Account
- Stocks/Bonds/IRA/Pension: \_\_\_\_\_ \$ \_\_\_\_\_

13. Other

Rent/Mortgage	\$ _____	Clothing	\$ _____
Property Taxes	\$ _____	Transportation	\$ _____
Heat	\$ _____		
Utilities	\$ _____	Other	\$ _____
Medical/Dental	\$ _____	_____	_____
Insurance	\$ _____	_____	_____

14. List any real estate you own, its market value, and the amount you owe:

\_\_\_\_\_

15. List any vehicles you own (car, truck, boat, motorcycle, etc) their market value, and the amount you owe: \_\_\_\_\_

16. List income tax paid last year: \_\_\_\_\_

17. List income tax refund received last year: \_\_\_\_\_

18. Other than monthly household expenses, list any bills you owe, amount owed, to whom and monthly payment: \_\_\_\_\_

19. List which of your bills are court-ordered payments (i.e. alimony, judgment in a law suit, etc.): \_\_\_\_\_

20. Other than those previously mentioned, list anyone to whom you owe money, amount and when it is due: \_\_\_\_\_

21. If anyone owes you money, state name, address, amount and when due: \_\_\_\_\_

22. List any property you have transferred within the last three years, to whom and for what price: \_\_\_\_\_

23. List any other assets or expenses not previously mentioned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Defendant

STATE OF NEW HAMPSHIRE, COUNTY OF \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Justice of the Peace/Notary Public



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



Elizabeth A. Biolocki  
**John C. Marasco**  
Director of Motor Vehicles

### Interlock Service Provider Application

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
Street or P.O. Box City/Town State Zip

Business Legal Address: \_\_\_\_\_  
Street Address City/Town State Zip

Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

*You must certify knowledge of the following statutory or administrative rule requirements, as well as the intent to comply prior to commencing operations if initial application, or present compliance with these requirements if a renewal applicant:*

***The Interlock Service Provider must satisfy the requirements for certification set forth in RSA 265-A:36 and New Hampshire Administrative Rule set Saf-C 9900 6500 to include but not limited to the below:***

**Yes                      No**

An interlock service provider shall maintain a presence throughout the state sufficient to perform all installation, calibration, maintenance, monitoring, and removal services for any and all users accepted by such providers as customers via fixed locations, mobile locations, or a combination of both.

An interlock service provider shall provide periodic reports as determined by the rules, the court or department, to division's interlock coordinator, and the court of jurisdiction.

An interlock service provider shall establish a standard policy to address complaints against the provider or third party providers, which shall include at a minimum, the requirement that customer complaints shall be addressed and reasonable attempts made to sufficiently resolve such complaints within 5 business days 48 hours of receipt.

An interlock service provider shall provide to the user of a device a copy of the agreement between the user and provider; shall provide each user with an operator's manual and provide a copy of the manufacturer's written instructions.

An interlock service provider shall have a standard agreement with all third party providers; shall be required to provide the third-party provider with all necessary tools, test equipment and manuals to perform the third-party provider's functions.

An interlock service provider shall be responsible for the collection of all fees from the user and any costs associated with the use of the device. Pursuant to RSA 265-A:36, V(e), the



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provider shall maintain a reserve of the equivalent of 2% of the provider's gross receipts, excluding the purchase or rental cost of the device, during the previous calendar year ending December 31.

**All devices must satisfy the requirements for certification set forth in RSA 265-A:36 and New Hampshire Administrative Rule set Saf-C 9900 6500 to include but not limited to the below:**

The device shall meet or exceed the specifications for performance and testing of the National Highway Traffic Safety Administration as published in Volume 78, No. 89 of the Federal Register, May 8, 2013.

The device shall be capable of capturing and encoding digital or photographic images of the driver as the events occur and transmit data as events occur to the interlock service provider.

The device must not impede the safe operation of a vehicle and shall operate properly at all temperatures between -40° and 85° Celsius.

The device shall have a set point of .020 percent breath alcohol concentration and prevent a user from starting the vehicle when a breath test detects a BrAC of .026 .020 or greater.

The data recorder of the device shall be incorporated into a module that cannot be detached and shall have a backup system to protect the security of all recorded data in the event the power supply to the device is interrupted or the sample head is disengaged or disconnected. The device shall be capable of recording data in its memory in such a manner that data cannot be erased and a hard copy can be printed.

Yes                      No

                    

                    

                    

                    

                    

**PLEASE BE ADVISED THAT ANSWERING "NO" TO ANY OF THESE CERTIFICATIONS ABOVE WILL RESULT IN THE DENIAL OF THIS APPLICATION PURSUANT TO Saf-C 9900-6500**

### CERTIFICATION

In consideration of this application to be an authorized interlock service provider, the applicant certifies familiarity, and will abide by, all applicable statutes and rules. The applicant further certifies and understands that a violation of the laws or rules issued by the Director, Division of Motor Vehicles, will be deemed sufficient cause for an administrative hearing, and penalties may be imposed.

By signing this form, the undersigned hereby certifies that the information provided on this form is true and correct to the best of my knowledge and belief, subject to the penalty of unsworn falsification pursuant to RSA 641:3.

Authorized Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

*(If the applicant is not a sole proprietorship, attach a notarized certificate of authority evidencing authority to bind the applicant, as well as a current certificate of good standing issued by the New Hampshire Secretary of State)*



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