



# SUNAPEE FIRE DEPARTMENT

P.O. Box 15  
Sunapee, New Hampshire 03782



## SUNAPEE FIRE DEPARTMENT MISSION STATEMENT

The members of the Sunapee Fire Department, (SFD) share a unified goal to serve the community in time of need in any situation.

Members of the SFD will provide protection to its community through prevention and preservation of life and property.

The members of the SFD will exemplify qualities of leadership, promote learning, build self-esteem and friendship among its members further defining what a community is about.



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Sunapee, New Hampshire 03782



## SUNAPEE FIRE DEPARTMENT MEMBERSHIP APPLICATION INSTRUCTIONS

- I. Complete the membership application form in full and be sure to indicate if you are applying for Fire and/or EMS, or Communications.
2. Complete the Criminal History Record Request Form and have it notarized.
3. Complete the Motor Vehicles Record Request Form and have it notarized.
4. Contact the Sunapee Police Department at 763-5555 to make an appointment to have your fingerprints taken.
5. Bring all the forms, the fingerprint cards, completed application and proof of insurance to the Finance Director. If you do not have access to a Notary Public, the Town Clerk's Office should be able to assist you.
6. All fees to the State of NH will be paid for by the Town of Sunapee.

If you have any questions with forms or process please contact Betty Ramspott, Administrative Assistant at 398-8717.

## Employment Application

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? ☐ Yes ☐ No

Employer \_\_\_\_\_ Job Order # \_\_\_\_\_  
Job Title \_\_\_\_\_

### PERSONAL DATA

Name \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Message Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License: Operator ☐ CDL ☐ CDL Type \_\_\_\_\_ Endorsements \_\_\_\_\_

## EDUCATION

High School Diploma or GED? ☐ Yes ☐ No Post Secondary Degree? \_\_\_\_\_

Name of school beyond High School \_\_\_\_\_

Training Length \_\_\_\_\_ Date Completed \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Apprenticeship Level \_\_\_\_\_ In which trade? \_\_\_\_\_

**WORK EXPERIENCE** *(List most recent work experience first)*

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_ *Street / P.O. Box* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

Dates: From (mm/yy) / To (mm/yy) Reason for leaving

**WORK EXPERIENCE**

Complete Address \_\_\_\_\_

Job Title \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

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Pattern 5:  $\text{C}_{10}\text{H}_8\text{O}_2$   $\text{C}_{10}\text{H}_8\text{O}_2$   $\text{C}_{10}\text{H}_8\text{O}_2$   $\text{C}_{10}\text{H}_8\text{O}_2$

Dates: From (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**USE JS-513 FOR ADDITIONAL WORK EXPERIENCE AS NEEDED.**

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

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**LIST REFERENCES** (*preferably persons who know about your work/training*)

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With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and belief.

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



**This application provided by:** 



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. Bielecki  
Director of Motor Vehicles

### RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 9/2020)

#### STEP 1

#### What information are you requesting from the DMV?

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

#### STEP 2

#### Who are you? Check ONE of the three boxes below:

#### Whose information are you looking for (the record holder's information)? \*Required information

- ☐ **I AM THE RECORD HOLDER OR VEHICLE OWNER** of the above documents I am seeking.
- ☐ I am representing myself in a court case.  
Docket # \_\_\_\_\_ Court: \_\_\_\_\_
- ☐ **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.
- ☐ **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).

\*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): \_\_\_\_\_

#### STEP 3

#### Information of the person filling out this form (the requestor): \*Required information

\*Your full name: JOHN GALLOWAY Your phone number: (603) 520 5593

(Be sure to include a hyphen if applicable.)

\*Mailing address: PO BOX 15 SUNAPEE NH 03782

Street/PO Box

City/Town

State

Zip

If Applicable:

Company Name: SUNAPEE FIRE DEPT NHB# Prepaid Acct. #: \_\_\_\_\_

\*\*\*CONTINUED ON NEXT PAGE – SIGNATURE REQUIRED (SEE STEP 7)\*\*\*

**STEP 4****Notary Public or Justice of the Peace  
Acknowledgment**

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

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.

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: \_\_\_\_\_ Chief John Galloway \_\_\_\_\_ 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."



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit  
33 Hazen Drive, Concord, NH 03305

## NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

### INSTRUCTIONS

NH RSA 106-B: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 to 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.

### 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

### SECTION II

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

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

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

Notary's Signature \_\_\_\_\_

Signature of person/entity to receive record \_\_\_\_\_ (Affix Seal) 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.

### FEES

☐ LIVESCAN - \$47.00 ☐ INKED - \$47.00 ☐ VOLUNTEERS - \$20.75 (Livescan or Ink)  
NH Only - \$25.00 ☐

Prepaid Account Number \_\_\_\_\_

NOTE: Make checks payable to State of NH - Criminal Records  
Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.