



# State of New Hampshire Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

## EMERGENCY MEDICAL AND TRAUMA SERVICES NH RSA 153-A:10-a

### 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:  
State of New Hampshire, Department of Safety, Bureau of EMS/ Attention: Licensing

**NOTE: As of a July 2019 law change - this form NO LONGER needs to be Notarized but must be signed by the applicant (section I and II).**

Address 33 Hazen Drive City Concord State NH Zip 03305

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

Notary's Signature \_\_\_\_\_  
(Affix Seal)

Signature of person/entity to receive record: NH Dept of Safety Bureau of EMS 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 **\$48.25 (as of 1/1/19)**

INKED **\$48.25 (as of 1/1/19)**

NOTE: Make checks payable to: State of NH – Criminal Records

Applicant fingerprint card or LiveScan receipt must be submitted at the same time as payment and this form, to the Bureau of EMS.

**NOTE: SEND the entire packet of information (CHRI authorization form, Check, and Fingerprint card or receipt) to the NH Bureau of EMS, 33 Hazen Drive, Concord, NH 03305 - along with the completed EMS Provider License application.**