



# New Hampshire Automotive Education Foundation

## NH's Road to Automotive Education & Training Excellence



**Seminar at NHADA Headquarters:**  
**Daniel B. McLeod Building, 507 South Street, Bow, NH**

### **NH Title Regulations for LIENHOLDERS**

**Wednesday, November 28**

9:00 a.m. to Noon

*(End time varies with Q&A)*

**Who should attend:** Loan servicing department personnel; Front line direct loan officers; Funders

This seminar by the NH Department of Safety, Division of Motor Vehicles, will review aspects of titling and Department of Safety procedures in the State of New Hampshire as they relate to the lienholder!

Topics include:

- Preparing a title application
- Exempt from titling
- Assignments
- Reassignments and restrictions
- Non-submission and penalties
- Preparing 101
- Trusts
- Duplicates
- Supply ordering
- Outstanding suspense
- Adding lien-holders
- Out-of-state title issues
- Tour of the handbook
- A comprehensive question-and-answer period

We have designed this as an interactive program, so please bring your questions!

**Presented by:** Staff from the NH DMV, Division of Motor Vehicles, Title Division

**Tuition:** \$35 per person, \$30 for the second, and \$25 for each additional attendee from the same company. All funds benefit of the New Hampshire Automotive Education Foundation.

**To register:** use registration form; register online at [www.nhada.com](http://www.nhada.com);  
or contact Jean Conlon at [jconlon@nhada.com](mailto:jconlon@nhada.com).



# New Hampshire Automotive Education Foundation Registration Form

## NH Title Regulations for LIENHOLDERS

**Wednesday, November 28, 2018**

**9:00 a.m. to Noon**

Registration 8:30 to 9:00 a.m. -- Continental Breakfast Provided.

NHADA Headquarters, 507 South Street, Bow, NH

Company	_____	Fee
Registrant 1	_____ Email _____	\$35
Registrant 2	_____ Email _____	\$30
Registrant 3	_____ Email _____	\$25
Registrant 4	_____ Email _____	\$25
		Total \$ _____

\_\_\_\_ Payment by check (payable to NHAEF)

\_\_\_\_ Please send invoice

\_\_\_\_ Payment by credit card

Check one: \_\_\_\_ VISA \_\_\_\_ MasterCard

Card No. \_\_\_\_\_

Expiration Date: Month \_\_\_\_ Year \_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*Please return form to: NHAEF, P. O. Box 2337, Concord, NH 03302 or fax to 603-225-4895.  
If you have any questions, contact Jean Conlon at [jconlon@nhada.com](mailto:jconlon@nhada.com) or 800-852-3372.*