



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

NH Title Regulations

Tuesday, May 12, 2020

9:00 a.m. to Noon

Failure to properly adhere to New Hampshire statute and regulation regarding titles can result in significant dealership fines and suspension and/or revocation of dealer license. This is serious business that needs serious attention.

This seminar by the NH Department of Safety, Division of Motor Vehicles, will review all aspects of titling and Department of Safety procedures in the State of New Hampshire.

Topics include:

- A review of the State DMV laws
- Step-by-step process for completing and submitting titles in compliance with NH State law
- An understanding of the consequences for not following correct procedures
- A review of "border state" titling information
- Certificates of Origin
- Survivorship rights
- Registering exempt vehicles & exempt law changes
- Proper assignments
- Payoffs
- Canceled deals and changes
- Leased vehicles and corporate vehicles
- Abandoned Vehicles
- A comprehensive question-and-answer period

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

Presenter: Staff from the NH DMV, Division of Motor Vehicles, Title Division

Who should attend? Title Clerks, Office Managers, Business Managers, General Managers, Sales Managers, and Dealer Principals. The seminar is also beneficial to lien-holders.

Tuition: \$40 first person, \$35 for the second, and \$30 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 nhada.com, or contact Jean Conlon at jconlon@nhada.com or 800-852-3372.



ATTN: Owners, Sales & Office Managers, F&I, and Title Clerks

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Registration 8:30 to 9:00 a.m. -- Continental Breakfast Provided.
NHADA Headquarters, 507 South Street, Bow, NH

Company _____	Fee
Registrant 1 _____ Email _____	\$40
Registrant 2 _____ Email _____	\$35
Registrant 3 _____ Email _____	\$30
Registrant 4 _____ Email _____	\$30
	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, 507 South Street, Bow, NH 03304, fax to 603-225-4895, or email to jconlon@nhada.com. (Do not email credit card information.)
If you have any questions, contact Jean Conlon at jconlon@nhada.com or 800-852-3372.*