



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 MEMBERS & LIENHOLDERS

Wednesday, November 28

9:00 a.m. to Noon

(End time varies with Q&A)

Who should attend: Title Clerks, Office Managers, Business Managers, General Managers, Sales Managers, and Dealer Principals. 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 member and 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;
or contact Jean Conlon at jconlon@nhada.com.**



New Hampshire Automotive Education Foundation Registration Form

NH Title Regulations

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 or 800-852-3372.*