

1. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**

2. **MAIL COMPLETED FORM TO:**

Softech International Inc
13501 SW 128 Street, Suite 111
Miami, Fl. 33186
ATTN: COMPLIANCE DEPT.

**NEW HAMPSHIRE CERTIFICATE OF AUTHORITY FOR AGENTS
(Please Type or Print Information)**

SOFTECH ACCOUNT # _____

DATE: _____

Agency

This will certify that _____ is a licensed agent of _____
(Insurance Agency) (Insurance Co. If multiple attach list)
insurance company authorized to write **automobile insurance** policies, pursuant to RSA 260:14,IV (b)

OR

Company

This will certify that _____ is an insurance company authorized to write **automobile insurance** policies, pursuant to RSA 260:14,IV (b)
(Insurance Company)

"RSA 260:14,IV (b) Insurance companies authorized to write **automobile insurance** policies in this state, or by self insured entities, or their authorized agents, for use in connection with claims investigation activities, anti-fraud activities, rating or underwriting. <http://sudoc.nhsl.lib.nh.us/rsa/>"

Further, Softech International Inc. is an authorized representative and agent of _____
(SOFTECH Customer Name)

with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. This authorization is valid until _____, unless revoked prior to that time and written notification by Softech International Inc.
(Expires one year after date of signature)

or by the agency is sent to the Division of Motor Vehicles of same. Reports obtained may not be used for any purpose other than the one it was ordered for, nor may the information be passed on to a third party verbally or written.

I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

"RSA 260:14,IX A person is guilty of a class B 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 a separate offense."

Signature of Director, Principal or Owner of Insurance Company or Agency
DATE
(Expires one year after date of signature)

Email Address

Printed Name

Address

Title of Signatory

City, State, Zip Code

Name of Company or Agency

Phone Number Fax Number