



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
 33 HAZEN DRIVE
 CONCORD, NH 03305
 Tel. (603) 271-2302 x3

TDD Access: Relay NH 1-800-735-2964
 WWW.NH.GOV/SAFETY/DIVISIONS/ADMINISTRATION/
 ROADTOLL/

ROAD TOLL REFUND APPLICATION
OFF HIGHWAY RECREATIONAL VEHICLES, SNOWMOBILES,
AND ALL BOATS

FOR OFFICIAL USE ONLY:			Year:
APPROVED	By	Date	Claim Numbers:
Class #	Gals	\$	
Class #	Gals	\$	
DISALLOWED	Gals	\$	
Reason(s)			

The address(s) given below must be able to receive U.S.P.S. Mail; as checks and correspondence cannot be forwarded.	
NAME OF APPLICANT :	ALTERNATE ADDRESS: (From to)
STREET :	
CITY / TOWN :	
STATE & ZIPCODE :	
TELEPHONE :	CONTACT :
Where Used (city/town, state) :	Type of Operation :
The above applicant has purchased and used for the purpose herein stated, motor fuel on which the Road Toll has been paid. All equipment using motor fuel must be listed on the reverse side and total motor fuel consumed must be accounted for.	

APPLICANT'S CLAIM	MINIMUM REFUND IS TEN DOLLARS (\$10.00) APPLICATIONS FOR LESS THAN TEN DOLLARS WILL BE DISALLOWED.	
	1. Total gallons consumed OFF highway. (From Column 5, on the reverse side)	
	2. Total Refund Requested (Total of Line 1 x \$0.222)	\$
	<input type="checkbox"/> I wish to donate \$_____ of my refund to the Navigation Safety Fund (RSA 270-E:6-a) <input type="checkbox"/> I wish to donate \$_____ of my refund to the Lake Restoration & Preservation Fund (RSA 487:25)	

Invoices bearing the **Name and Address of the Supplier** and the **Name of the Applicant** together with **Evidence of Payment** shall be attached. Each invoice shall have the gallons, price per gallon, type of fuel, and full date.

Per Saf-C 310.01 Refunds – General.

(e) Any evidence of erasures or other changes in the name of purchaser, supplier, type of fuel, date or the amounts shown on the invoices shall cause the portion of the requested refund which is dependent upon the documentation to be denied.

(f) Motor fuel claimed on the refund application shall be the actual amount of motor fuel used by the applicant. Application for a refund shall be submitted:

(1) Annually but no later than April 15 following the end of the calendar year.

(g) A refund shall be disallowed for any of the following reasons:

- (1) The refund application was not submitted as required by (f) above;
- (2) An error was made in computing the number of gallons upon which the refund is claimed;
- (3) An error was made in computing the amount of the refund claimed;

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

APPLICATION MADE FOR MOTOR FUEL USED DURING THE CALENDAR YEAR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
** TYPE OF EQUIPMENT	MAKE	YEAR	REG # (BOW #) OR SERIAL # (REQUIRED)	TOTAL GALLONS USED OFF HIGHWAY	TOTAL GALLONS USED ON HIGHWAY
BOATS & PWC					
SNOWMOBILES					
OHRVS & ATVS					
** BOAT, SNOWMOBILE, ATV, OHRV, PWC – ONLY >> PLEASE NOTE << EACH TYPE OF EQUIPMENT LISTED MUST SHOW THE TOTAL GALLONS USED SEPARATLY FROM THE OTHERS.			Total of Column 5, Transfer to Line 1 (on front) *		
			* Total must equal total of Line 4 of stock record.		

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS PURCHASED (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINES 1 AND 2)	
4. TOTAL GALLONS USED	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINE 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK RECORD-LOSS OR GAIN (DIFFERENCE LINES 6 MINUS 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 4, 5, 7, & 8 MUST EQUAL LINE 3)	
APPLICANTS MAKING PURCHASES IN CANS (2, 5, or 10 Gallon) OR BY DIRECT RECEIPT INTO VEHICLE FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD.	