

**State of New Hampshire**  
**Division of Emergency Services & Communications**  
NH Prepaid Commercial Mobile Radio Service Quarterly Exemption  
Certification



I, \_\_\_\_\_, the duly authorized \_\_\_\_\_  
(Name of Preparer) (Position/Title)

of \_\_\_\_\_ (hereinafter "Seller"), hereby certify that the  
(Name of Seller)

Seller has made less than 150 retail transactions in the \_\_\_\_\_ Quarter of  
(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>)

\_\_\_\_\_ and has attached hereto copies of invoices, receipts, or other similar  
(Year)

documentation establishing the number of retail transactions in that Quarter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

The signature on this document must be notarized.