

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street

Concord, New Hampshire 03301

(603) 271-3201 | [Office@das.nh.gov](mailto:Office@das.nh.gov)

Charles M. Arlinghaus  
Commissioner

Catherine A. Keane  
Deputy Commissioner

Sheri L. Rockburn  
Assistant Commissioner

October 1, 2026

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

## REQUESTED ACTION

Authorize the Department of Administrative Services (DAS) to enter into a contract amendment (Contract #8003086) with Axon Enterprise, Inc. (VC# 176101), Scottsdale, AZ, for Cloud Hosted Digital Evidence Management Services (Body and Vehicle Cameras) by exercising the option to extend for one (1) additional year changing the completion date from October 31, 2026 to October 31, 2027 and increasing the price limitation by \$500,000 from \$1,300,000.00 to an amount up to and not to exceed \$1,800,000.00 effective upon the Governor and Executive Council approval through October 31, 2027. The original contract was approved by Governor and Executive Council on September 7, 2022, Item #117.

Funding shall be provided through individual agency expenditures, none of which shall be permitted unless there are sufficient appropriated funds to cover the expenditure.

## EXPLANATION

Upon approval this contract amendment will allow agencies continued access to Cloud Hosted Digital Evidence Management Services (Body and Vehicle Cameras) for compliance with state and federal laws. Body and vehicle camera technology has become commonplace in many law enforcement agencies, providing reliable, real-time accounts that serve as valuable evidence in investigative proceedings. In addition, the recorded footage offers helpful training opportunities for officers, allowing agencies to review real-world interactions and strengthen best practices.

Currently the State of NH Department of Corrections, Liquor Commission, Department of Safety, and recent Department of Health and Human Services all benefit from the use of Cloud Hosted Digital Evidence Management Services (Body and Vehicle Cameras) in operations. Based on documented success in NH and nationally we anticipate additional agency adoption which will further expand the contract need.

The requested price limitation of \$1,800,000 will cover the full term of the contract amendment and is based on internal spend reports. Additionally, all departments were consulted, and their projected needs were incorporated into the calculation

The original contract (#8003086) with Axon Enterprise, Inc. was approved by the Governor and Executive Council on September 7, 2022, and is set to expire on October 31, 2026. On September 25, 2026, the DAS received approval from the Commissioner of the Department of Information Technology (DOIT) to extend this contract, providing agencies with safe and reliable access to body and vehicle mounted cameras along with evidence retention and management services.

The DAS in partnership with DoIT and Department of Justice (DOJ) are actively negotiating the terms of a new contract through the National Association of State Procurement Officials (NASPO). This participating agreement resulting from a multi-state RFP is anticipated to broaden the suite of offerings and leverage volume discounting for existing products and services under the new contract term. The DAS anticipates presenting this new contract opportunity for Governor and Executive Councils consideration in the coming months.

Based on the foregoing, I am respectfully recommending approval of the contract amendment with Axon Enterprise, Inc.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Charles M. Arlinghaus', written over a horizontal line.

Charles M. Arlinghaus  
Commissioner



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Drive | Concord, NH | 03301  
Fax: (603) 271-1516 | TDD: (800) 753-2964  
[doit.nh.gov](http://doit.nh.gov)



Denis Goulet, *Commissioner*

September 25, 2026

Charles M. Arlinghaus, Commissioner  
State of New Hampshire  
Department of Administrative Services  
25 Capitol Street  
Concord, NH 03301

Dear Commissioner Arlinghaus:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract with Axon Enterprise, Inc., as described below and referenced as DoIT No. 2022-070A.

The purpose of this request is for Cloud Hosted Digital Evidence Management Services for Body and Vehicle Cameras.

The Total Price Limitation shall increase by \$500,000 for a new Total Price Limitation of \$1,800,000 effective upon Governor and Executive Council approval through October 31, 2027.

A copy of this letter should accompany the Department of Administrative Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet", with a horizontal line extending from the end of the signature.

Denis Goulet

DG/jd  
DoIT #2022-070A

cc: Cindy Dotlich, IT Manager, DoIT



**FIRST AMENDMENT TO THE CONTRACT BETWEEN  
AXON ENTERPRISE, INC.  
AND  
THE STATE OF NEW HAMPSHIRE,  
DEPARTMENT OF ADMINISTRATIVE SERVICES,  
CLOUD HOSTED DIGITAL EVIDENCE MANAGEMENT SERVICES (BODY AND VEHICLE CAMERAS)  
CONTRACT # 8003086**

This First Amendment (hereinafter referred to as the "Amendment") is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Axon Enterprise, Inc., (hereinafter referred to as "the Contractor") for Cloud Hosted Digital Evidence Management Services (Body and Vehicle Cameras).

WHEREAS, pursuant to an agreement effective September 7, 2022, Item #117, and set to expire October 31, 2026, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain Cloud Hosted Digital Evidence Management Services (Body and Vehicle Cameras) for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 17 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.7 Completion Date and substitute the following:  
October 31, 2027
2. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:  
\$1,800,000.00
3. Amend Exhibit C, 1. Contract Price: Change to the following: \$1,800,000.00.
4. All other provisions of the Agreement, approved by the Governor and Executive Council on September 7, 2022, Item #117, on shall remain in full force and effect.

Contractor Initials: Initial  
RED

Date: 9/24/2026 | 12:43 PM M:

**Axon Enterprise, Inc.**

By: Signed by:  
Robert E. Driscoll, Jr.  
Robert E. Driscoll, Jr.  
(Print Name)

Title: VP, Deputy General Counsel

Date: 9/24/2026 | 12:43 PM MST

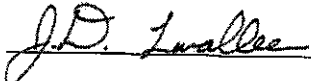
**STATE OF NEW HAMPSHIRE**

By:   
Charles M. Arlinghaus  
(Print Name)

Title: Commissioner  
Department of Administrative Services

Date: 9-25-26

OFFICE OF THE ATTORNEY GENERAL

By:   
J.D. Lavalley  
(Print Name)

Title: Sr. Asst. Attorney General

Date: 9/28/2026

The foregoing contract was approved by the  
Governor and Council of New Hampshire on

Signed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)  
Title: \_\_\_\_\_

Contractor Initials: 

Date: 9/24/2026 | 12:43 PM M

**CORPORATE SECRETARY'S CERTIFICATE OF**

**AXON ENTERPRISE, INC.**

**September 24, 2026**

The undersigned certifies that he is the duly elected and qualified Corporate Secretary of Axon Enterprise, Inc. (the "**Company**") and does hereby certify, solely in such capacity and not in an individual capacity, that, as of the date set forth above, Robert E. Driscoll, Jr., serving in the capacity of Vice President, Deputy General Counsel and Assistant Corporate Secretary of the Company as of the date set forth above, is duly authorized to legally bind the Company. This Certificate shall remain valid for thirty (30) days from the date set forth above.

IN WITNESS WHEREOF, I have signed this certificate as of the date set forth above as the duly elected and qualified Corporate Secretary of the Company.

AXON ENTERPRISE, INC.

Signed by:  
By: Isaiah Fields  
Isaiah Fields, Corporate Secretary

# State of New Hampshire

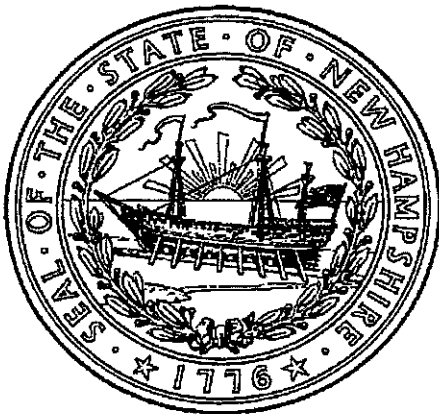
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AXON ENTERPRISE, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on April 12, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **742120**

Certificate Number: **0008009135**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 2nd day of September A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Aon Risk Insurance Services West, Inc.  
Phoenix AZ Office  
4300 East Camelback Rd.  
Suite 460  
Phoenix AZ 85018 USA

CONTACT  
NAME:  
PHONE (A/C. No. Ext): 8662837122 FAX (A/C. No.): (800) 363-0105  
E-MAIL  
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Axon Enterprise, Inc.  
17800 N. 85th Street  
Scottsdale AZ 85255 USA

INSURER A: Columbia Casualty Company 31127  
INSURER B: National Casualty Company 11991  
INSURER C: Scottsdale Ins Company 41297  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 570122570003

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                 | ADDL INSD | SUBR WVD | POLICY NUMBER                                                             | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                        |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> see Prod Liab info att'd<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: <input checked="" type="checkbox"/> Prod/Comp Ops | Y         | Y        | NGO0002112<br>SIR applies per policy terms & conditions                   | 08/01/2026              | 08/01/2027              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$50,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG Excluded<br>Garage Keepers Legal Liability Included |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                                                                                               | Y         | Y        | NGO0002111                                                                | 08/01/2026              | 08/01/2027              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                                                                                                               |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000                                                                                                                                                                                                                     | Y         | Y        | UNS0000108<br>Excludes Prod Comp Ops Ag                                   | 08/01/2026              | 08/01/2027              | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$10,000,000                                                                                                                                                                                                                        |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                        | Y/N<br>N  | N/A      | WCC600103A                                                                | 08/01/2026              | 08/01/2027              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000                                                                            |
| A        | E&O - Technology                                                                                                                                                                                                                                                                                                                                                                                                                  |           |          | 8045630478<br>Cyber/Tech E&O<br>SIR applies per policy terms & conditions | 08/01/2026              | 08/01/2027              | Security/Privacy \$5,000,000<br>SIR \$1,000,000<br>Policy Limit \$5,000,000                                                                                                                                                                                                   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the Automobile Liability, General Liability and Excess Liability policies. Automobile Liability, General Liability and Excess Liability policies evidenced herein is Primary to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. Automobile Liability, General Liability and Excess Liability policies evidenced herein is Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the Automobile Liability, General Liability, Workers Compensation and Excess Liability policies.

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire  
Administrative Services  
Bureau of Purchase and Property  
25 Capitol Street, Room 102  
Concord NH 03301 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Insurance Services West, Inc.*

Holder Identifier:

Certificate No.: 570122570003