

TO AVOID REJECTION:

Complete all required information

Louisiana Department of Public Safety and Correction

Office of Motor Vehicle:

P.O. Box 64886, Baton Rouge, LA 70896-4886

Electronic Fund Transfer Code
Dealer Code

Date Prepared	Type of Plate	VEHICLE APPLICATION		
VIN		Make	License No.	Exp. Date
Body	Color	Year	Mileage	Model/Weight
Name of Owner				Driver's License or EIN
Name of Joint Owner (if applicable)				Driver's License or EIN
Owner's Principal Residence Address (or Business Location if Vehicle is Used for Commercial Purposes)			Are you residing within the corporate limits of a municipality? #E YES #E NO	
City	Parish	State/Zip		Are you residing within a special tax district or ward? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what ward or district?
<input type="checkbox"/> Lessee <input type="checkbox"/> Mail To <input type="checkbox"/> Domicile <input type="checkbox"/> Renter			If lessee, domicile, or renter is indicated, renewal notice should be mailed to (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Lessee, renter, or domicile address	
Name			Driver's License or EIN of Lessee or Renter	
Street			Trade VIN	
City			Trade License No.	

VEHICLE IS SUBJECT TO SECURITY AGREEMENT AS FOLLOWS:

ELECTRONIC LIEN TRANSFER CODE	First Lienholder's Name	Second Lienholder's Name
	Street	Street
	City/State/Zip	City/State/Zip

<input type="checkbox"/> New <input type="checkbox"/> Used	Date Acquired	Tax Date	Previous Title No.	State	Cost of Vehicle	Less Trade
Title Fee	Lic Pen Credit	Handling Fe	Rebate		Tax Value	
Mortgage Fee #Error	Tax	Tow Fee	DUPLICATE TITLE AFFIDAVIT (Must be signed by owner and notarized.)			
License Fee #Error	*Tax Penalty	Miscellaneous	The certificate of title issued to me was <input type="checkbox"/> lost <input type="checkbox"/> mutilated <input type="checkbox"/> never received			
Lic Transfer F	*Interest	Total Fees	I make application for a duplicate copy of said certificate and agree to hold the Commissioner harmless if the previous title is obtained by another person.			
License Credit	Vendor's Comp	Total Taxes	<input type="checkbox"/> I give the Commissioner permission to mail the title to the address on this application.			
License Penalty	Tax Credit	Grand Total				

BE SURE TO SIGN AND DATE

I do swear or affirm that the information contained in this document is true and correct to the best of my knowledge.

I have and will maintain, during this registration period, vehicle liability insurance (security) required by LRS Title 32:861-865. Failure to maintain as agreed will be a violation of law which may result in criminal prosecution and/or suspension of registration privileges.

If the vehicle being registered is defined as a commercial motor vehicle by the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Material Regulations, by signature below registrant declares knowledge of those federal regulations.

_____ Applicant's Signature(s)	_____ Date
_____ Co-Applicant's Signature(s)	_____ Date

PROOF OF LIABILITY INSURANCE MUST BE FURNISHED AS PROVIDED FOR BY LAW BEFORE THIS FILE CAN BE PROCESSED.

TO AVOID PENALTY AND INTEREST:

File must be submitted within 40 days from the date of purchase. For manufactured houses (mobile homes), file must be submitted by the 20th of the month following the month of delivery.

*Tax Penalty: 5% of sales tax due for 30 days or fraction thereof (not to exceed 25%).

*Interest: 1.25% of sales tax due for 30 days or fraction thereof (no maximum).

Owner(s)'s Signature(s) For Duplicate Title

Witness

Witness

Sworn and subscribed before me this ____ day of _____, ____

Notary Public or Motor Vehicle Officer

AFFIDAVIT OF NON-POSSESSION OF TITLE BY LIENHOLDER

Must be signed by lienholder and notarized.

I hereby swear or affirm that title of above described vehicle showing lien in our favor was never received received and surrendered to the owner.

Lienholder's Signature

Witness

Witness

Sworn and subscribed before me this ____ day of _____, ____

Notary Public or Motor Vehicle Officer

RECEIVED/REJECTION DATE(S)

Ins. Cited PT # _____