Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
P.O. Box 64886, Baton Rouge, LA 70896-4886

www.expresslane.org

TO AVOID REJECTION: **PLEASE PRINT CLEARLY**

Complete all required information

Party Making Application For Title

Name: _____ Phone #:_____

Address: _____City: _____State: _____ZIP: _____
(Mailing)

Signature of Authorized Representative: _____

VEHICLE INFORMATION

Vehicle Identification Number
(VIN): |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

YEAR: _____ Make: _____ Model: _____ Color: _____

Title #: (if available) _____ State: _____

In accordance with Louisiana R.S. 32:707, if an insurance company or its authorized agent is unable to obtain the certificate of title from the owner(s) or lienholder within thirty days from the settlement of the property damages claim, the insurance company or its authorized agent may submit an application for a salvage title.

I, _____, swear under penalties of perjury that:
(Insurance Company/Authorized Agent)

(i) This office has been unable to obtain the certificate of title from the owner(s) or lienholder the insurance company has made at least two written attempts to the titled owner(s) or lienholder of the motor vehicle by certified mail, return receipt requested, or by use of a delivery service with a tracking system, to obtain the endorsed certificate of title.

(ii) The insurance company has made payment of a proof of loss claim involving the motor vehicle on _____.

Signature: _____ Date: _____

WITNESSES: NOTARY:

_____ _____
Notary Public Signature/Printed Name

_____ _____
Notary ID #

*Note – All written attempts and proof of mailing must be included with the application.