

TEMPORARILY RESIDING OUT OF STATE
APPLICATION FOR RECONSTRUCTED DUPLICATE/RENEWAL LICENSE/ID CARD
 LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
 OFFICE OF MOTOR VEHICLES

SELECT ONE OF THE FOLLOWING:

- RENEWAL REQUEST - EXPIRED LICENSE/ID CARD**
- DUPLICATE REQUEST – LOST OR STOLEN LICENSE/ID CARD**

MUST BE COMPLETED

LICENCE/ID NUMBER (IF KNOWN)		DATE OF BIRTH (MM/DD/YY)		SOCIAL SECURITY NUMBER
RACE/SEX	EYES	HEIGHT	WEIGHT	DAYTIME PHONE NUMBER (OPTIONAL)
PRINT FULL NAME	LAST	FIRST	MIDDLE/MAIDEN OR SUFFIX	
TEMPORARY OUT OF STATE ADDRESS				APARTMENT NUMBER(IF APPLICABLE)
CITY/TOWN	STATE	ZIP		
PERMANENT LOUISIANA RESIDENCE ADDRESS				
CITY/TOWN				ZIP

MUST BE ANSWERED

1. Are you a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever experienced any loss of consciousness other than normal sleep?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain: _____		
3. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you wear contact lenses or glasses when driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MUST BE COMPLETE BY PARENT/GUARDIAN IF APPLICANT IS A MINOR CHILD

I certify that I am the custodial parent legal domiciliary parent legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license/identification card as indicated above. I also declare by my signature below that information furnished by minor and me is complete and correct. Signature of person authorized to sign in accordance with R.S. 32:407.

NOTE: Only the domiciliary parent can sign if joint custody has been awarded.

License/ID Number

Signature _____ Printed Name _____
 First Middle/Maiden Last First Middle/Maiden Last

Notary Public Signature & Seal

COMPLETE FOR NAME CHANGE (PROPER DOCUMENTATION MUST BE ATTACHED)

NAME ON LICENSE/ID	NAME CHANGE TO
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DECLARATION OF INTENT

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if required to do so by a law enforcement officer.

DATE SIGNATURE OF APPLICANT

OFFICE USE ONLY

OMV VERIFIER	OPERATOR NUMBER	OMV PROCESSOR	OPERATOR NUMBER
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