



**LOUISIANA MOTOR VEHICLE COMMISSION
APPLICATION FOR LICENSE AS A**
{Please indicate only one classification. All others will require separate licenses.}
 Distributor Representative Factory Representative

FOR OFFICIAL USE ONLY

License # _____
Date Issued _____
Deposit Date _____
Check # _____
Check Amount \$ _____

**RETURN THIS DOCUMENT AND \$300.00 FEE TO THE:
LOUISIANA MOTOR VEHICLE COMMISSION
3519 12TH STREET, METAIRIE, LOUISIANA 70002**

Name of Representative (Hereinafter referred to as Applicant)			Current Representative License No. (If applicable)		
State the correct title of your position			Date employment commenced with present employer (as it pertains to Louisiana)		
Social Security Number	Date of Birth	State Driver's License was issued	Driver's License Number		
Physical Residence Address of Applicant					
City	Parish/County	State	Zip Code		
Name of Manufacturer or Distributor (Hereinafter referred to as Employer)					
Physical Address of Employer					
City	Parish/County	State	Zip Code		
Area Code/Phone Number of Employer	Fax Number of Employer	Toll Free Number of Employer	E-Mail Address of Employer	Web Site of Employer	
Has your application for a license as a Representative ever been denied or revoked by this or any other state? If yes, give full details on back of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been arrested or convicted of any crime other than a traffic violation? If yes, give full details on back of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been bonded? If yes, give full name and complete address of bonding company on back of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has any bonding company ever canceled your bond for cause? If yes, give full details on back of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employment History: (List previous employment)					
Employed by		Address		From	To
<u>CERTIFICATION BY APPLICANT</u>					
<i>I have read the foregoing application and I know the contents thereof. All matters and things therein set forth are true under penalty of perjury. I agree to conform to any law relating to the sale, lease or rental, distribution, or financing of motor vehicles and the rules and regulations promulgated by the Louisiana Motor Vehicle Commission. I hereby authorize the release to the Louisiana Motor Vehicle Commission of any and all records pertaining to my employment and criminal background.</i>					
Signature				Date	
Print Name					
<u>EMPLOYER'S ACKNOWLEDGMENT</u>					
<i>I hereby certify that I am the authorized representative of the employing Manufacturer or Distributor named herein. It is my intention to employ the above named applicant when he/she receives a license from the Louisiana Motor Vehicle Commission.</i>					
Signature				Title	
Print Name				Date	