



FOR OFFICIAL USE ONLY

License # _____

Date Issued _____

Deposit Date _____

Check # _____

RETURN THIS DOCUMENT AND REQUIRED DATA LISTED ON THE INSTRUCTION SHEET TO THE:
 LOUISIANA MOTOR VEHICLE COMMISSION
 3519 12TH STREET, METAIRIE, LOUISIANA 70002
 PHONE: (504) 838-5207 ♦ FAX: (504) 838-5416 ♦ WWW.LMVC.LA.GOV

FEE \$1,500.00

Company Name of Administrator (Hereinafter called Applicant)				Current License No.		
Trade name (DBA) of Applicant						
Physical Address of Applicant						
City		State		Zip Code		
P.O. Box/Drawer of Applicant			City		State	
Applicant Phone Number		Applicant Fax Number		Applicant Toll Free Number		
				Applicant Web Site		
Applicant E-Mail Address						
Name of Registered Agent for Service of Process in Louisiana						
Address of Registered Agent for Service of Process in Louisiana						
City		State		Zip Code		
		Louisiana				
Name of Applicant's Corporate Headquarters						
Address of Applicant's Corporate Headquarters						
List all Stockholders, Members, or Partners and Their Percentage of Ownership (If needed, use additional paper)	Name			Title		Percentage of Ownership

CERTIFICATION BY APPLICANT

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.

Signature		Title
Print Name		Date

A Board or Member Resolution MUST be secured and utilized by attaching to this application indicating that the above signatory is a representative of and is authorized to sign the application on behalf of the partnership, corporation, trust, limited partnership, limited liability partnership, or limited liability corporation.



**LOUISIANA MOTOR VEHICLE COMMISSION
APPLICATION FOR LICENSE AS A
SALESMAN/AGENT (LSA-R.S. 6:969.7)**

FOR OFFICIAL USE ONLY

License # _____

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Deposit Date _____

Check # _____

Check Amount \$ _____

**RETURN THIS DOCUMENT AND \$75.00 FEE TO THE:
LOUISIANA MOTOR VEHICLE COMMISSION
3519 12TH STREET, METAIRIE, LOUISIANA 70002**

Name of Salesman/Agent (Hereinafter referred to as Applicant)				Current Salesman/Agent License No. (If applicable)				
Social Security Number		Date of Birth		Driver's License Number/ State/Expiration Date		Federal Tax I.D. Number		
Physical Residence Address of Natural Applicant or Business Address of Juridical Applicant								
City		Parish/County		State		Zip Code		
Name of Administrator				Name of Current Employer				
Physical Address of Administrator				Physical Address of Employer				
City		State	Zip Code		City		State	Zip Code
Date representation for present Administrator commenced				Are you a citizen of the United States? If no, attach a copy of proper documentation for a resident alien to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your application for a license as a Salesman/Agent 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 been convicted of any felony in the previous ten years, notwithstanding that the conviction was expunged, set aside, or received a first offense pardon? The only felony conviction which shall not be considered for purpose of this application is one which received a governor's or presidential pardon. <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 for the Previous Ten Years (use a separate sheet of paper, if necessary)								
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 financing of motor vehicles, the issuance of debt waiver or debt forgiveness agreements 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>ADMINISTRATOR'S ACKNOWLEDGMENT</u>								
<i>I hereby certify that I am the authorized representative of the administrator. It is my intention to employ or enter an independent contractor agreement with the applicant when a license from the Louisiana Motor Vehicle Commission is issued.</i>								
Signature				Title				
Print Name				Date				