

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

Auto Title Company Application

NEW RENEWAL

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LOCATION AND EACH CO-OWNER

PLEASE TYPE OR PRINT

Business Name (must read exactly the same on both the bond and on the contract)		
Physical Address of Business		Parish
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone No. ()	Fax No. ()	
Email Address: (Mandatory)		
Previous License No. /Authorization No. (if applicable)	Bond No.	
Name of Surety Company		Surety's Phone No.
Address		
City	State	Zip Code

1. Has any license ever been denied, revoked or suspended by this Department to you or any of the principals of the partnership or corporation? Yes _____ No _____ if yes, give details below.
2. Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? Yes _____ No _____ If yes, give the law enforcement authority (city police, sheriff, FBI, etc.) the offense, date of the offense, place and disposition of case. Use back of this document if additional space is needed.
3. **You are required to submit three (3) references, at least one of which must be from a current/former customer.**
4. **PLEASE READ THIS APPLICATION, ALL ATTACHMENTS AND THIS CERTIFICATION PRIOR TO SIGNING THIS APPLICATION BEFORE A NOTARY PUBLIC**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS REQUEST IS MADE.	
OWNER'S SIGNATURE _____	DRIVER'S LICENSE # _____
OWNER'S PRINTED NAME _____	
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____	
NOTARY PUBLIC SIGNATURE _____	
NOTARY PUBLIC PRINTED NAME & NUMBER _____ / _____	
FEE: A check/money order in the amount of \$200.00 must accompany request. If auto title company has more than one location, a separate request and a fee of \$50.00 must be submitted for each additional location.	

\$

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 MVCA Officer

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 Dollar Amount Received

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 Date Processed