## 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 DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY NUMBER LICENCE/ID NUMBER (IF KNOWN) RACE/SEX EYES HEIGHT WEIGHT DAYTIME PHONE NUMBER QT'GO CKN'CFFTGUU MIDDLE/MAIDEN OR SUFFIX PRINT FULL NAME LAST FIRST TEMPORARY OUT OF STATE ADDRESS APARTMENT NUMBER(IF APPLICABLE) CITY/TOWN STATE PERMANENT LOUISIANA RESIDENCE ADDRESS ZIP CITY/TOWN MUST BE ANSWERED 1. Are you a United States Citizen? ☐ YES $\square$ NO 2. Have you ever experienced any loss of consciousness other than normal sleep? $\square$ YES $\square$ 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? $\square$ YES $\square$ NO $\square$ YES $\square$ NO 4. Do you wear contact lenses or glasses when driving? 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 **Printed Name** Signature Middle/Maiden Middle/Maiden First Last First Last Notary Public Signature & Seal COMPLETE FOR NAME CHANGE (PROPER DOCUMENTATION MUST BE ATTACHED) NAME ON LICENSE/ID NAME CHANGE TO 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 OPERATOR NUMBER OMV PROCESSOR OMV VERIFIER OPERATOR NUMBER