## 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:

$\square$ RENEWAL REQUEST - EXPIRED LICENSE/ID CARDDUPLICATE REQUEST - LOST OR STOLEN LICENSE/ID CARD

| LICENCE/ID NUMBER (IF KNOWN) |  | DATE OF BIRTH (MM/DD/YY) |  |  | SOCIAL SECURITY NUMBER |
| :---: | :---: | :---: | :---: | :---: | :---: |
| RACE/SEX | EYES | HEIGHT | WEIGHT |  | DAYTIME PHONE NUMBER 25 [ 0 \$, /[\$ ' ' 5 ( 66 |
| 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? | $\square$ YES | $\square \mathrm{NO}$ |
| :---: | :---: | :---: |
| 2. Have you ever experienced any loss of consciousness other than normal sleep? | $\square$ YES | $\square \mathrm{NO}$ |
| 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 | $\square \mathrm{NO}$ |
| 4. Do you wear contact lenses or glasses when driving? | $\square$ YES | $\square \mathrm{NO}$ |

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

I certify that I am the $\square$ custodial parent $\square$ legal domiciliary parent $\square$ 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 <br> Printed Name |  |  |
| :--- | :--- | :--- |
| First | Middle/Maiden | Last |

Notary Public Signature \& Seal
COMPLETE FOR NAME CHANGE (PROPER DOCUMENTATION MUST BE ATTACHED)


## 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

