



**LOUISIANA MOTOR VEHICLE COMMISSION
INITIAL APPLICATION FOR LICENSE AS AN
ADMINISTRATOR
(LSA-R.S. 6:969.7)**

FOR OFFICIAL USE ONLY

License # _____

Date Issued _____

Deposit Date _____

Check # _____

Check Amount \$ _____

RETURN THIS DOCUMENT AND REQUIRED DATA LISTED ON THE INSTRUCTION SHEET TO:
LOUISIANA MOTOR VEHICLE COMMISSION
3519 12TH STREET, METAIRIE, LOUISIANA 70002

Name of Administrator (Hereinafter referred to as Applicant)		Current Administrator License No. (If applicable)	
Trade name (DBA) of Applicant			
Physical Address of Applicant			
City	Parish/County	State	Zip Code
P.O. Box/Drawer of Applicant	City	State	Zip Code
Phone Number of Applicant		Fax Number of Applicant	
		Toll Free Number of Applicant	
Web Site of Applicant		E-Mail Address of Applicant	
Premises are <input type="checkbox"/> Owned <input type="checkbox"/> Leased		Days and Hours of Business	
The Business is owned by (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> L.P. (Limited Partnership) <input type="checkbox"/> L.L.P. (Limited Liability Partnership) <input type="checkbox"/> L.L.C. (Limited Liability Company) <input type="checkbox"/> Other If other, explain.			
On a separate sheet list the name and resident address of the owner, members or partners or, if a corporation or association, of the directors, trustees, and principal officers, their percentage of ownership, and citizenship.			
Has the applicant, any partner, any corporate stockholder, any L.P. member or manager, any L.L.P. member or manager, any L.L.C. member or manager, any director or officer of said applicant been convicted of a 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 purposes of this application is one which received a governor's or presidential pardon. <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Has the applicant, any partner, corporate stockholder, L.P. member or manager, any L.L.P. member or manager, or any L.L.C. member or manager, director or officer of said applicant ever had a license issued by the Louisiana Motor Vehicle Commission subjected to denial or disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No filed or been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any "yes" answer above must be explained fully in a separate letter signed and dated by the applicant.			
Date and State of Incorporation or Organization	If other than Louisiana, are you authorized by the Louisiana Secretary of State to do business in Louisiana? <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Name and Address of Registered Agent for Service of Process in Louisiana			
On a separate sheet of paper, list names and addresses of all branch offices located in this state and name of branch manager.			

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 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.

Signature	Title
Print Name	Date

A Resolution of the Board of Directors of the Corporation or of the members of the Partnership, Trust, Limited Partnership, Limited Liability Partnership, or Limited Liability Company authorizing the person signing above to execute this application MUST be attached.