



**INSTRUCTIONS  
FOR  
2011 RENEWAL APPLICATION FOR LICENSE AS A  
MOTOR VEHICLE LESSOR**

1. **COMPLETE** the 2011 Renewal Application For License As A Motor Vehicle Lessor **IN FULL**.
2. A Board or Member Resolution **MUST** be secured and utilized by attaching to the application indicating that the 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. (Form LMVC/BMR, Sample Board or Member Resolution may be found at [www.lmvc.la.gov](http://www.lmvc.la.gov) {Applications}.)
3. The following **MUST** accompany the application when filed:
  - Fee of **\$200.00** (Business check or money order made payable to the **LOUISIANA MOTOR VEHICLE COMMISSION**, no personal checks will be accepted).
  - Certificate of Insurance indicating liability insurance covering place of business is in effect at the location for which the license is being sought. (NOTE: LSA-R.S. 32:1254J(5) provides for the **IMMEDIATE SUSPENSION OF LICENSE** for failure to maintain said insurance.)
  - Form LMVC/LA, Application For License As A Motor Vehicle Lessor Agent must be completed in full for each agent with fee of **\$30.00**.

Mail to: **LOUISIANA MOTOR VEHICLE COMMISSION, 3519 12<sup>TH</sup> STREET, METAIRIE, LOUISIANA 70002.**

**NOTE:** Upon receipt of your renewal packet a review of your Motor Vehicle Lessor file will be made. Any and all documents **NOT ON FILE OR CURRENT** will be requested.

Pursuant to LSA-R.S. 44:4.1B.(17), the application(s) and supporting documentation when filed with this agency **ARE NOT** a public record and **WILL NOT** be furnished to any person, firm, association, or corporation making a public record request.

Applicants are **CAUTIONED** to allow at least thirty (30) days for the license to be processed by the Commission staff.

Motor Vehicle Lessor license period **BEGINS JANUARY 1, 2010 AND ENDS DECEMBER 31, 2011**.

Applications **RECEIVED AFTER** the expiration date (December 31, 2010) are **SUBJECT TO LATE FILING FEES**.

Applications that are incomplete and/or irregular will be returned **"VOID"**.

*Pursuant to the American with Disabilities Act, assistance will be provided in completing any forms required by the Louisiana Motor Vehicle Commission.*

**IF YOU ARE MAKING OR HAVE MADE CHANGES, I.E.:**

- ☛ Change in location
- ☛ Change in corporate ownership or majority ownership
  - ☛ Change in the name of the licensee

**NOTE THE FOLLOWING!**

Changes **CANNOT** be done on a renewal application.

Contact the Louisiana Motor Vehicle Commission and request an Initial Application Packet.

(504) 838-5207 ♦ E-mail: [jdhurley@lmvc.la.gov](mailto:jdhurley@lmvc.la.gov)

**COMMON ERRORS IN SUBMITTING AN APPLICATION:**

1. *Board or Member Resolution **NOT** attached to application.*
2. *Insurance Certificate is not submitted.*
3. *Check is not made payable to the **LOUISIANA MOTOR VEHICLE COMMISSION**.*
4. *Check is not for the correct amount.*



**LOUISIANA MOTOR VEHICLE COMMISSION  
2011 RENEWAL APPLICATION FOR LICENSE AS A  
MOTOR VEHICLE LESSOR**

FOR OFFICIAL USE ONLY

License # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Deposit Date \_\_\_\_\_  
Check # \_\_\_\_\_  
Check Amount \$ \_\_\_\_\_

**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 \$200.00**

Name of Motor Vehicle Lessor (Hereinafter called Applicant)						2010 Lessor License No.	
Trade Name (DBA) of Applicant						Louisiana Sales Tax Exemption No.	
Physical Address of Applicant				City	State	Zip Code	
P.O. Box/Drawer of Applicant	City	State	Zip Code	Premises are <input type="checkbox"/> Owned <input type="checkbox"/> Leased			
Applicant Phone Number	Applicant Fax Number	Applicant Toll Free Number	Applicant Web Site	Applicant E-Mail Address (REQUIRED)			
Name of Applicant's Corporate Headquarters							
Physical Address of Applicant's Corporate Headquarters				City	State	Zip Code	
P.O. Box/Drawer of Headquarters		City	State	Zip Code			
Headquarters Phone Number	Headquarters Fax Number	Headquarters Web Site		Does the applicant lease or rent motor vehicles? <input type="checkbox"/> Lease <input type="checkbox"/> Rent			
List all Stockholders, Members, or Partners and Their Percentage of Ownership (If needed, use additional paper)	Name			Title		Percentage of Ownership	
Name of Registered Agent for Service of Process in Louisiana							
Address of Registered Agent for Service of Process in Louisiana							
City		State <b>Louisiana</b>			Zip Code		
<b><u>CERTIFICATION BY APPLICANT</u></b>							
<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 sale, lease or rental, distribution, or financing of motor vehicles, and the rules and regulations promulgated by the Louisiana Motor Vehicle Commission.</i>							
Signature				Title			
Print Name				Date			
<b><i>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.</i></b>							



**LOUISIANA MOTOR VEHICLE COMMISSION  
APPLICATION FOR LICENSE AS A  
MOTOR VEHICLE LESSOR AGENT**

FOR OFFICIAL USE ONLY

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Deposit Date \_\_\_\_\_

Check # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

**RETURN THIS DOCUMENT AND REQUIRED \$30.00 FEE TO THE:  
LOUISIANA MOTOR VEHICLE COMMISSION  
3519 12TH STREET, METAIRIE, LOUISIANA 70002**

Name of Lessor Agent (Hereinafter referred to as Applicant)			Lessor Agent License No. (If applicable)	
Social Security Number	Date of Birth	State Driver's License was issued	Driver's License Number	
Physical Residence Address of Applicant				
City	Parish/County	State	Zip Code	
Name of Motor Vehicle Lessor (Hereinafter referred to as Employer)				
Physical Address of Employer				
City	Parish/County	State	Zip Code	
Date employment commenced with present employer as a Lessor Agent				
Has your application for a license as a Lessor 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 ever been arrested or convicted of any crime other than a traffic violation? If yes, give full details on back of this form.				<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
<b>Employment record: (List previous employment)</b>				
Employed by	Address		From	To
<b><u>CERTIFICATION BY APPLICANT</u></b>				
<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 sale, lease or rental, distribution, or financing of motor vehicles, 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				
<b><u>EMPLOYING LESSOR'S ACKNOWLEDGMENT</u></b>				
<i>I hereby certify that I am the authorized representative of the employing motor vehicle lessor named herein. It is my intention to employ the above named applicant when he/she receives a license from the Louisiana Motor Vehicle Commission.</i>				
Signature			Title	
Print Name			Date	