



INSTRUCTIONS FOR  
LOUISIANA MOTOR VEHICLE COMMISSION  
2011 RENEWAL APPLICATION  
FOR LICENSE AS A  
SPECIALTY VEHICLE DEALER

1. Complete the application in full. Please type or print.
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 **\$300.00** (check or money order made payable to the LOUISIANA MOTOR VEHICLE COMMISSION).
  - Original \$20,000 surety bond or continuation certificate for the license period **BEGINNING JANUARY 1, 2011 AND ENDING DECEMBER 31, 2011**. LSA-R.S. 32:1254L(8) MANDATES this bond be made payable to the **SECRETARY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**. The Power of Attorney for the company representative signing the surety bond **MUST BE** attached. **ALL CONTINUATION CERTIFICATES MUST BE COMPLETED ON FORM LMVC/BCC** may be found at [www.lmvc.la.gov](http://www.lmvc.la.gov) {Applications}.)
  - 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. 32:1254L(5) provides for the **IMMEDIATE SUSPENSION OF LICENSE** for failure to maintain said insurance.)
  - Form LMVC/SVSA, Application For License As A Salesman For A Specialty Vehicle Dealer must be completed in full for each salesman with a fee **\$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 Specialty Vehicle Dealer file will be made. Any and all documents **NOT ON FILE OR CURRENT WILL BE REQUESTED**.

**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: [vmashley@lmvc.la.gov](mailto:vmashley@lmvc.la.gov) or [acburton@lmvc.la.gov](mailto:acburton@lmvc.la.gov)

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 30 days for the license to be processed by the Commission staff.

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"**.

If you have any questions, please contact Valarie Ashley or Ayanna Burton by e-mail at [vmashley@lmvc.la.gov](mailto:vmashley@lmvc.la.gov) or [acburton@lmvc.la.gov](mailto:acburton@lmvc.la.gov).

Pursuant to the Americans with Disabilities Act, assistance will be provided in completing any forms required by the LMVC.



**LOUISIANA MOTOR VEHICLE COMMISSION  
2011 RENEWAL APPLICATION FOR LICENSE AS A  
SPECIALTY VEHICLE DEALER  
{Hereinafter referred to as Applicant}**

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 \$300.00**

Name of Specialty Vehicle Dealer (Hereinafter referred to as Applicant)				Current License No.	
Trade name (DBA) of Applicant					
Physical Address of Applicant					
City		Parish/County		State	
P.O. Box/Drawer of Applicant		City		State	
Phone Number of Applicant		Fax Number of Applicant		Toll Free Number of Applicant	
Web Site of Applicant			E-Mail Address of Applicant		
Name of Registered Agent for Service of Process in Louisiana					
Address of Registered Agent for Service of Process in Louisiana					
City		State		Zip Code	
		Louisiana			
Makes and Models of Specialty Vehicle(s) to be offered for sale. (If needed, use additional paper)					
List the Individual(s) names as Dealer-Operator or General Sales Manager in your franchise agreement(s).					
List all Stockholders, Members, or Partners and Their Percentage of Ownership (If needed, use additional paper)	Name		Title		Percentage of Ownership
<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  
SALESMAN FOR A SPECIALTY VEHICLE DEALER**

FOR OFFICIAL USE ONLY

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

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

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

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

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

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

Name of Salesman (Hereinafter referred to as Applicant)			Current Salesman License No. (If applicable.) <b>SV-</b>			
Social Security Number		Date of Birth	State Driver's License was issued		Driver's License Number	
Residence Address of Applicant						
City		Parish/County		State	Zip Code	
Name of Specialty Vehicle Dealer Employer (Hereinafter referred to as Employer)						
Physical Address of Employer						
City		Parish/County		State	Zip Code	
Area Code/Phone Number of Employer	Fax Number of Employer		Toll Free Number of Employer	E-Mail Address of Employer	Web Site of Employer	
Date employment commenced with present employer as a Salesman						
Has your application for a license as a Salesman 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>						
<p><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></p>						
Signature				Date		
Print Name						
<b><u>EMPLOYING DEALERSHIP'S ACKNOWLEDGMENT</u></b>						
<p><i>I hereby certify that I am the authorized representative of the employing dealership 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></p>						
Signature				Title		
Print Name				Date		