

OFFICE OF MOTOR VEHICLES
SPECIALIZED PLATE & TITLE UNIT
P.O. BOX 64886
BATON ROUGE, LA 70896-4886

APPLICATION FOR PERSONALIZED DEALER'S LICENSE PLATE

(Please Type or Print)

DEALERSHIP NAME

BUSINESS ADDRESS (Location of Business - Street)

CITY/STATE/ZIP

MAILING ADDRESS

CITY/STATE/ZIP

Check type of dealer plate needed. **Separate application must be completed for each type of vehicle.**

Automobiles, Pickup Trucks
\$ 40.00

Motorcycles
\$ 40.00

Show 3 choices, in order of preference

1st Choice

2nd Choice

3rd Choice

SIGNATURE OF DEALER

DATE

DEALER'S NUMBER

DEALER'S TELEPHONE NO.

**DO NOT WRITE IN THE SPACE BELOW
FOR DEPARTMENTAL USE ONLY**

Fee Received

\$

MOTOR VEHICLE COMPLIANCE ANALYST

DATE

PLEASE DO NOT MAIL CASH