



Application for License or Identification Card

Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles DPSPMV2003 (03/2024)

Date: _____

Personal Identifiable Information (To be completed by the Office of Motor Vehicles)

Credential Number	Last Name	First Name	Middle, Maiden, or Suffix	Social Security Number		
Class	Real ID <input type="checkbox"/> Y <input type="checkbox"/> N	Residence Address	City	State	Zip	Domicile
Restrictions	Mailing Address (if different)		City	State	Zip	
Endorsements	Date of Birth (MM/DD/YY)	Race	Sex	Eye Color	Height	Weight
Reason for Visit	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Out-of-State Transfer: State: _____, # _____ <input type="checkbox"/> Change/Correction: _____ <input type="checkbox"/> Testing: <input type="checkbox"/> Written <input type="checkbox"/> Driving					

Medical Information (To be completed by the Office of Motor Vehicles)

Visual Acuity	Left 20 /	Right 20 /	Both 20 /	<input type="checkbox"/> Without Corrective Lens <input type="checkbox"/> With Corrective Lens	<input type="checkbox"/> Intrastate Vision Waiver
Hearing	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Deaf				
Physical Infirmities	<input type="checkbox"/> None Noted <input type="checkbox"/> Missing Extremities <input type="checkbox"/> Stiffness <input type="checkbox"/> Mental <input type="checkbox"/> Shakiness <input type="checkbox"/> Other				

Applicant Questionnaire (To be completed by the applicant)

	Yes	No
1. Would you like to be an organ donor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you like to register to vote or update your voter registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you want to donate \$1 for the Louisiana Military Family Assistance Fund? (Not applicable for IDs or TIPs)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for or been previously issued a learner's permit or driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a commercial driver's license? If your answer to question 4 and 5 is yes, list the state(s) of issuance and the license / permit number(s).	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever held a license in any other name other than the one on this application? If yes, list the name(s):	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently under suspension in this or any other state? If yes, list the state(s):	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a United States citizen? If no, are you a permanent resident alien? If no, what documents are presented to show legal presence? _____ If no, what is the expiration date of your status?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever experienced any loss of consciousness other than normal sleep? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you wear contact lenses or glasses when driving?	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you like the Office of Motor Vehicles to retain a copy of your source documents?	<input type="checkbox"/>	<input type="checkbox"/>
13. Would you like to apply for a Real ID credential?	<input type="checkbox"/>	<input type="checkbox"/>

By submitting this application, I am consenting to registration with the Federal Selective Service System, if so required. If under 18 years of age, I understand that I will be registered when I attain 18 years of age, as required by Federal law.

Initials: _____

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 (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 requested to do so by a law enforcement officer; (8) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue; (9) I am aware that any credential I hold, whether surrendered or not, may be cancelled as a result of the new issuance due to state laws and policies in the state that issued the credential; (10) I have been provided with information as required by R.S. 32:410.(E)(4)(b).

Signature of Applicant	Date	Signature of MVCA	Operator #	Office #
------------------------	------	-------------------	------------	----------

Remarks: _____

Credential Number	Last Name	First Name	Middle, Maiden, or Suffix	Date
Date of Birth	Residence Address	City	State	Zip Code
				Social Security Number

Parental Consent for Minor Applicants

I certify that I am the custodial parent legal domiciliary parent 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 hereby declare with proof by documents presented that he/she was born on the ____ day of _____, _____. I declare by my signature below that information furnished by the minor and me is complete and correct. Signature of the person authorized to sign in accordance with R.S. 32:407. Note: Only the domiciliary parent can sign if joint custody has been awarded.

I attest that he/she has held the learner's license for at least 180 days, while remaining accident free, except where the licensee was not at fault, and has not received convictions for moving violations or violations of the seatbelt or curfew laws of this state or any law pertaining to drug or alcohol use. Parent/Guardian Initial: _____
 I certify that I am attesting to compliance of school attendance under the provisions of R.S. 32:431.1 (E)(2) and (3). Parent/Guardian Initial: _____

I hereby authorize the Office of Motor Vehicles to issue the minor applicant: Operator Class License Learner's License (02) Intermediate License (61) Temporary Instructional Permit (TIP) Identification Card Duplicate License / Learner's Permit / Intermediate License / Identification Card

I certify that the minor applicant has a minimum of 50 hours behind-the-wheel driving experience with a licensed driver, consisting of at least fifteen hours of nighttime driving.

Parent / Guardian First Name	Parent / Guardian Middle/Maiden Name	Parent / Guardian Last Name
Parent / Guardian Identification Document Information		Parent / Guardian Signature
Document Type	Document #	Country or State
MVCA Signature	Operator #	Notary's Printed Name
		Notary's Signature
		Notary #

Written / Computer Passing Test Results

Test	Test #	Score	Date	MVCA Badge # and Initials
<input type="checkbox"/> General Knowledge				
<input type="checkbox"/> Chauffeur's Driver's License				
<input type="checkbox"/> Motorcycle Endorsement				

Commercial Driver's License Written / Computer Passing Test Results

<input type="checkbox"/> General Knowledge				
<input type="checkbox"/> Air Brakes				
<input type="checkbox"/> Combination				
<input type="checkbox"/> Hazardous Materials				
<input type="checkbox"/> Tanker				
<input type="checkbox"/> Passenger				
<input type="checkbox"/> Double / Triple Trailers				
<input type="checkbox"/> School Bus				

Test History Information

Type of Test	Test #	Score	Date Administered	Date to Return	MVCA Badge # and Initials

License Classes

Commercial Driver's License

- A – Combination Vehicle (GVWR in excess of 26,000 lbs. or towing a vehicle with a GVWR in excess of 10,000 lbs.)
- B – Heavy Vehicles (GVWR in excess of 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR no more than 10,000 lbs.)
- C – Light Vehicles (GVWR not more than 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR no more than 10,000 lbs. or designed to transport sixteen (16) passengers or vehicles required to be placarded under the Federal Hazardous Materials Regulations or under state law regulations)

Chauffeur's Driver's License

- D – Commercial Vehicles (Single vehicles with a GVWR no more than 26,000 lbs. and not less than 10,000 lbs. or designed or utilized to transport passengers for hire or vehicles with three (3) or more axles)

Personal Driver's License

- E – Personal User Vehicles (Single-motor vehicles with GVWR not in excess of 10,000 lbs. utilized for personal transportation or single vehicles utilized strictly for recreational purposes or farm vehicles owned and operated within 150 air miles of owner's farm)