

*Louisiana Department of Public Safety and Corrections*



PUBLIC SAFETY SERVICES  
OFFICE OF MOTOR VEHICLES

COMMERCIAL LICENSE PLATE REQUEST

Date:

TO: Office of Motor Vehicles

FROM: (Name of Registered Owner)

A commercial license plate is being requested on the below described vehicle that is being registered in my personal name.

Make: Model: Year:

Vehicle Identification Number:

The vehicle will be used for business functions of the company listed below:

Name of Business:

Address of Business:

Telephone Number of Business:

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Signature of Registered Owner(s)

LA DPS OMV  
SPECIAL & DEALER PLATES  
P.O. BOX 64886  
BATON ROUGE, LOUISIANA  
70896-4886