



LOUISIANA USED MOTOR VEHICLE COMMISSION  
3132 Valley Creek Drive  
Baton Rouge, Louisiana 70808  
MAIN# (225) 925-3870 FAX # (225) 925-3869  
[www.lumvc.louisiana.gov](http://www.lumvc.louisiana.gov)

## **USED DEALER LICENSE REQUIRMENTS - INITIAL**

*Please read all of this information carefully before completing and submitting your application.*

***INCOMPLETE OR INACCURATE INFORMATION WILL DELAY YOUR LICENSE. APPLICATIONS MAY BE HAND DELIVERED, BUT THAT WILL NOT SPEED UP THE PROCESS. APPLICATIONS ARE PROCESSED IN DATE ORDER IN WHICH THEY ARE RECEIVED. PLEASE ALLOW APPROXIMATELY 14 BUSINESS DAYS FOR PROCESSING ALL APPLICATIONS.***

In order to have a Louisiana Used Car Dealer's License, you must have an established place of business which means the place owned or leased and regularly occupied by a person, partnership, corporation, limited liability company, or other entity licensed for the principal purpose of selling used motor vehicles, crushing, or compacting used motor vehicles and selling the crushed or compacted vehicle for scrap, or engaging in the business of a dismantler and parts recycler, where the products for sale are displayed and offered for sale, and where the books and records required for the conduct of the business are maintained and kept.

### **APPLICATIONS**

- Complete and sign all applications.
- Each dealership must have at least one salesperson.
- **IMPORTANT:** You must submit an additional fee of \$35.00 for each applicant if he/she has been convicted or pled guilty to any crime other than a traffic violation within the past ten (10) years for a criminal history background check.

### **EDUCATIONAL TRAINING SEMINAR**

- Complete and return the attached Educational Training Seminar Registration Form.
- You will be scheduled for the next available date. Dates are available to view on website.
- One of the following must attend: Owner, salesperson, general manager, office manager, or title clerk
- Must be registered in order to attend.

### **SURETY BOND**

***NOTICE: The surety bond must be on the form provided by our office or use the EXACT LANGUAGE contained in the form provided. Copies of completed forms are acceptable.***

The Surety Bond must have the following information:

- The amount of coverage must be \$50,000.00
- The bond number must appear on the face of the bond
- The exact principal's ownership, trade name of business, and physical address
- Type of ownership must be marked
- Effective & Ending Date of Bond
- Must be held and firmly bound to, the State of Louisiana, through the Louisiana Used Motor Vehicle Commission.
- Must be in force throughout the license period
- Signature of the principal of the dealership
- Signature of Surety
- Bond Company must have seal on form
- Power of Attorney must be attached

### **GARAGE LIABILITY INSURANCE**

The Acord Certificate of Liability Insurance must have the following information:

- Name of the insured
- Physical address of insured
- Name and address of the garage liability insurance company
- Name and address of the garage liability insurance agency
- Phone and fax number of the insurance agency
- Garage liability box must be marked
- Garage liability policy number
- Effective & expiration dates of the policy
- Minimum limits are \$55,000.00
- Certificate Holder must read: *Louisiana Used Motor Vehicle Commission, 3132 Valley Creek Drive, Baton Rouge, LA 70808*
- List all insured salespeople
- Must indicate correct symbols or indicate, "Any auto held for sale or trade".

### **RENTAL INSURANCE**

- **Rent with the Option to Purchase:**
  - Must secure Contingent Liability Insurance
  - Minimum limits of \$100,000/\$300,000/\$50,000
  - Must be placed, if available, through an insurance company licensed by and admitted in the state of Louisiana
  - Certificate holder must read: Louisiana Used Motor Vehicle Commission, 3132 Valley Creek Drive, Baton Rouge, LA 70808
- **Daily Rental:**
  - Must secure "Scheduled Auto" Insurance
  - Minimum limits of \$15,000/\$30,000/\$25,000
  - Certificate holder must read: Louisiana Used Motor Vehicle Commission, 3132 Valley Creek Drive, Baton Rouge, LA 70808

### **ZONING VERIFICATION**

- This form must be completed by your local zoning authority
- You must comply with the local zoning laws or the municipal requirements
- If location is zoned, zoning code must be indicated

### **BUSINESS SIGN**

- Permanently affixed sign reading the exact trade name
- Sign must be placed in front of the business and clearly visible from the street or roadway
- Minimum size of 16 square feet (4'x4')

### **BUSINESS TELEPHONE**

- Listed with Nationwide Directory Assistance (411) under your business name and address
- Must be connected and working at all time
- May use either a landline or cellular phone

### **RENTAL PURCHASE AGREEMENT (for Rent with the Option to Purchase)**

- Submit a blank copy of your Rental Purchase Agreement
- Must be made in clear and conspicuous language

### **OWNERSHIP**

- If you are operating under an Incorporation, LLC, LP, or LLP: You must register your business with the Louisiana Secretary of State. Please visit [www.sos.la.gov](http://www.sos.la.gov).

- ❖ Applications are processed in the order received. Please allow approximately 14 business days for processing all applications.
- ❖ Licenses are valid from date issued or January 1st whichever is later and will expire December 31st. Dealer licenses are valid for two years, however, it depends on the district your dealership is located in and the license year period it falls in. (See District Map – Page 4)
- ❖ Once applications are submitted, your applications will be processed or a sendback letter requesting additional documents will be sent. A valid email address is required as all correspondence will be sent using this method.
- ❖ Your business name must be the same on all documents (applications, surety bond, insurance, sign, phone listing, etc.).
- ❖ A physical inspection will be conducted before licenses are issued.
- ❖ If you apply for multiple licenses for the same dealership and same location, you are allowed to use the same bond, business sign, business phone line, and zoning form.
- ❖ If you choose to withdraw your application(s), the request of withdrawal must be submitted within 30 days of receipt of the application to our agency in order for a full refund to be considered. If the request is received 30 days or more after receipt of the application(s), then only a portion of your fees may be refunded.

<b>Requirement Checklists</b>		
<u><b>Used Dealer's License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Surety Bond</li> <li>4. Garage Liability Insurance</li> <li>5. Zoning Verification Form</li> <li>6. Picture of Sign</li> <li>7. Business Phone</li> <li>8. Fees</li> </ol>	<u><b>Rent with the Option to Purchase License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Surety Bond</li> <li>4. Contingent Liability Insurance</li> <li>5. Zoning Verification Form</li> <li>6. Picture of Sign</li> <li>7. Business Phone</li> <li>8. Copy of rental purchase agreement</li> <li>9. Fees</li> </ol>	<u><b>Daily Rental License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Surety Bond</li> <li>4. Rental Insurance – Scheduled Autos</li> <li>5. Zoning Verification Form</li> <li>6. Picture of Sign</li> <li>7. Business Phone</li> <li>8. Fees</li> </ol>
<u><b>Used Parts &amp; Accessories License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Zoning Verification Form</li> <li>4. Picture of Sign</li> <li>5. Business Phone</li> <li>6. Fees</li> </ol>	<u><b>Automotive Dismantle &amp; Parts Recycler License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Zoning Verification Form</li> <li>4. Picture of Sign</li> <li>5. Business Phone</li> <li>6. Fees</li> </ol>	<u><b>Catalytic Converters</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Zoning Verification Form</li> <li>4. Picture of Sign</li> <li>5. Business Phone</li> <li>6. Fees</li> </ol>
<u><b>Crusher License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Salesperson Application(s)</li> <li>3. Zoning Verification Form</li> <li>4. Picture of Sign</li> <li>5. Business Phone</li> <li>6. Fees</li> </ol>	<u><b>Auction License</b></u> <ol style="list-style-type: none"> <li>1. Completed Application</li> <li>2. Must have or apply for Used Dealer's License</li> <li>3. Salesperson Application(s)</li> <li>4. Surety Bond</li> <li>5. Garage Liability Insurance</li> <li>6. Zoning Verification Form</li> <li>7. Picture of Sign</li> <li>8. Business Phone</li> <li>9. Fees</li> </ol>	<u><b>Salesperson License</b></u> <ol style="list-style-type: none"> <li>1. Completed Salesperson Application</li> <li>2. Name added on certificate of insurance if you are authorized to drive any vehicles on or off the lot.</li> <li>3. Fees</li> </ol>

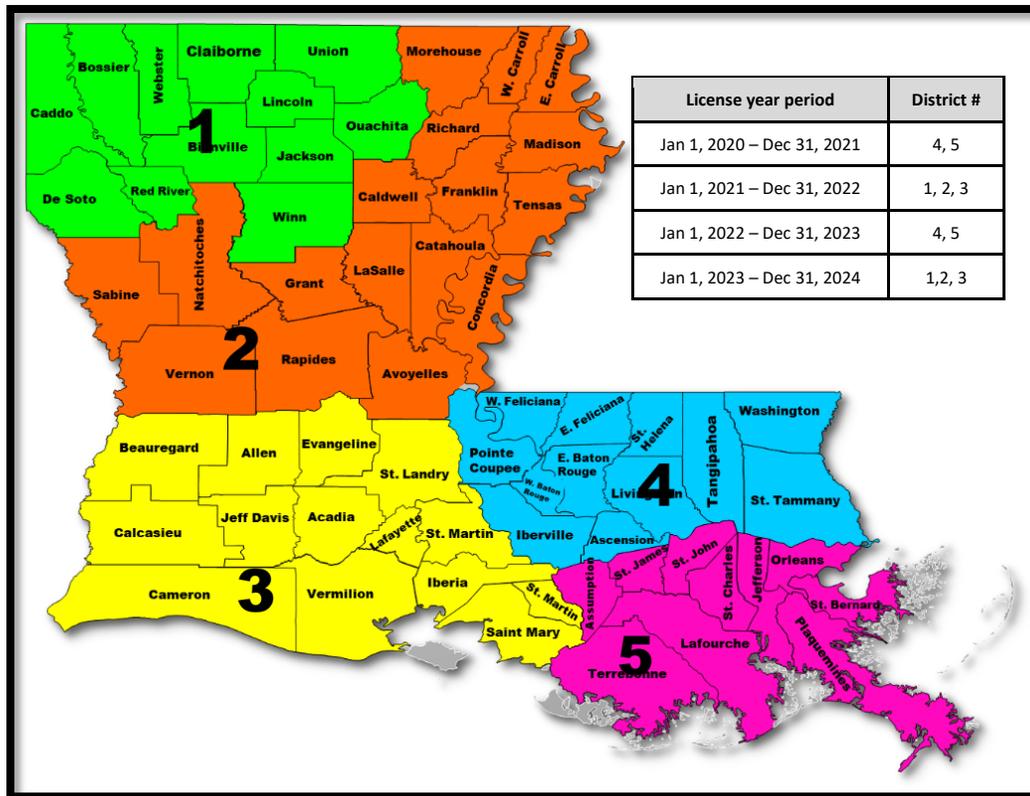
Type of License	Application Fee	Term of License
Used Dealers License	\$400.00	2 years
Crusher License	\$400.00	2 years
Automotive Dismantler & Parts Recycling License	\$400.00	2 years
Rent with Option to Purchase License	\$400.00	2 years
Daily Rental License	\$400.00	2 years
Auction License	\$400.00	2 years
Used Parts & Accessories License	\$400.00	2 years
Catalytic Converter License	\$400.00	2 years
Additional Location	\$200.00	2 years
Additional Adjacent Location	\$200.00	2 years
Salesperson License	\$25.00	1 year

BE ADVISED THAT AN APPLICATION PACKET IS **NOT** COMPLETE UNLESS ALL REQUIRED DOCUMENTS ARE COMPLETED, SUBMITTED, AND ALL FEES ARE PAID IN FULL.

**Payment Method:** Cash, check, money orders, and/or cashier checks payable to La Used Motor Vehicle Commission.  
\*You cannot apply for initial licenses online.

Please email any questions you may have to [info@lumvc.louisiana.gov](mailto:info@lumvc.louisiana.gov) or your Administrative Coordinator. You may also visit our website at [www.lumvc.louisiana.gov](http://www.lumvc.louisiana.gov) for additional information or forms.

### District Map





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FOR OFFICE USE ONLY

Current License #
Current License #

R#
License #
Date Issued

**APPLICATION FOR DEALER LICENSE FOR YEAR 20\_\_ - \_\_**

- INITIAL APPLICATION**     
  **RENEWAL APPLICATION**     
  **ADDITIONAL LOCATION**     
  **ADDITIONAL ADJACENT LOCATION**

**PLEASE PRINT OR TYPE.** Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a license.

SECTION ONE: DEALERSHIP INFORMATION			
DEALERSHIP NAME		BUSINESS PHONE	
PHYSICAL ADDRESS	CITY	ZIPCODE	PARISH
MAILING ADDRESS	CITY	ZIPCODE	PARISH
EMAIL ADDRESS	OFFICE HOURS	DAYS	

**SECTION TWO: TYPE OF LICENSE(S) AND TYPE OF BUSINESS**

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR. YOU MUST SUBMIT THE CORRECT AMOUNT FOR EACH LICENSE TYPE. EACH ADDITIONAL LICENSE TYPE REQUIRES AN ADDITIONAL FEE. CHECK EACH TYPE OF BUSINESS YOU PLAN ON OPERATING.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>USED DEALERS LICENSE (\$400 FEE)</b><br><input type="checkbox"/> USED CARS AND TRUCKS<br><input type="checkbox"/> USED BOATS<br><input type="checkbox"/> USED BOAT MOTORS<br><input type="checkbox"/> USED TRAILERS<br><input type="checkbox"/> USED MOTORCYCLES<br><input type="checkbox"/> USED MOTORHOMES<br><input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<br>USED BUSES, FIRETRUCKS, WRECKERS<br><br><b>AUCTION (\$400 FEE)</b><br>PUBLIC<br>WHOLESALE (DEALER)<br>SALVAGE<br><br><b>USED PARTS &amp; ACCESSORIES (\$400 FEE)</b><br><b>CRUSHER (\$400 FEE)</b><br><b>AUTOMOTIVE DISMANTLER &amp; PARTS RECYCLER (\$400 FEE)</b><br><b>CATALYTIC CONVERTER (\$400 FEE)</b> | <input type="checkbox"/> <b>DAILY RENTAL (\$400 FEE)</b><br><input type="checkbox"/> USED CARS AND TRUCKS<br><input type="checkbox"/> USED BOATS<br><input type="checkbox"/> USED BOAT MOTORS<br><input type="checkbox"/> USED TRAILERS<br><input type="checkbox"/> USED MOTORCYCLES<br><input type="checkbox"/> USED MOTORHOMES<br><input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<br>USED BUSES, FIRETRUCKS, WRECKERS<br><br><b>RENT WITH THE OPTION TO PURCHASE (\$400 FEE)</b><br><input type="checkbox"/> USED CARS AND TRUCKS<br><input type="checkbox"/> USED BOATS<br><input type="checkbox"/> USED BOAT MOTORS<br><input type="checkbox"/> USED TRAILERS<br><input type="checkbox"/> USED MOTORCYCLES<br><input type="checkbox"/> USED MOTORHOMES<br><input type="checkbox"/> USED GOLF CARTS, ATV/OFF ROAD<br>USED BUSES, FIRETRUCKS, WRECKERS |
|---|---|

**SECTION THREE: TYPE OF OWNERSHIP**

- CHECK ONLY ONE
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL PARTNERSHIP | <input type="checkbox"/> CORPORATION (CORP)       | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)     |
| <input type="checkbox"/> ENTITY NAME (IF APPLICABLE)              | <input type="checkbox"/> LIMITED PARTNERSHIP (LP) | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) |

**SECTION FOUR: TYPE OF OWNERSHIP**

COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS. YOU MAY INCLUDE ADDITIONAL SHEETS IF NECESSARY.

NAME OF PERSON	DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY #
HOME ADDRESS	TELEPHONE	DRIVER'S LICENSE #
U.S. CITIZEN? ___ YES ___ NO (IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT & BACK) AND DRIVER'S LICENSE)		
NAME OF PERSON	DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY #
HOME ADDRESS	TELEPHONE	DRIVER'S LICENSE#
U.S. CITIZEN? ___ YES ___ NO (IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT & BACK) AND DRIVER'S LICENSE)		

**SECTION FIVE: BACKGROUND INFORMATION**

HAVE ANY OF THE APPLICANTS LISTED IN SECTION FOUR EVER BEEN CONVICTED OR PLED GUILTY OF A FELONY OTHER THAN A TRAFFIC VIOLATION WITHIN THE PAST TEN (10) YEARS?

- YES
- NO

**IF YES, COMPLETE THE FOLLOWING** (ATTACH ADDITIONAL SHEET IF NEEDED)

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_ DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_

**SECTION SIX: GENERAL INFORMATION**

**1. HAVE YOU OR ANY AFFILIATED OWNERS EVER BEEN KNOWN BY AND/OR USED ANY NAME(S) OTHER THAN THE NAME(S) APPEARING ON THIS APPLICATION?**

- YES; IF YES, GIVE NAMES. \_\_\_\_\_
- NO

**2. HAVE YOU OR ANY AFFILIATED OWNERS EVER BEEN LICENSED AS A DEALER OR SALESPERSON IN LOUISIANA?**

- YES; IF YES, GIVE NAME, DEALERSHIP NAME, AND DATE: \_\_\_\_\_
- NO

**3. HAVE YOU OR ANY AFFILIATED OWNERS EVER HAD A PREVIOUS DEALER OR SALESPERSON LICENSE THAT WAS DENIED, SUSPENDED, OR REVOKED?**

- YES; IF YES, GIVE NAME, DEALERSHIP NAME, AND DATE: \_\_\_\_\_
- NO

**4. ARE YOU OR ANY AFFILIATED OWNERS RELATED TO ANYONE FROM THE USED CAR INDUSTRY WHOSE LICENSE HAS BEEN DENIED, SUSPENDED, OR REVOKED?**

- YES; IF YES, GIVE NAME AND THEIR DEALERSHIP NAME: \_\_\_\_\_
- NO

**5. DO YOU PRESENTLY SELL EXTENDED WARRANTY CONTRACTS OR PRODUCT WARRANTIES?**

- YES; IF YES, NAME OF COMPANY: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_
- NO

**6. DO YOU HOLD A FINANCE LICENSE?**

- YES; IF YES, GIVE NAME: \_\_\_\_\_ FINANCE NUMBER: \_\_\_\_\_
- NO

**7. HAS A REPRESENTATIVE OF THE DEALERSHIP COMPLETED THE 4 HOUR EDUCATIONAL SEMINAR?**

- YES; IF YES, GIVE DATE: \_\_\_\_\_
- NO; IS REPRESENTATIVE SCHEDULED FOR SEMINAR? GIVE DATE: \_\_\_\_\_

**8. DATE THIS BUSINESS WAS ESTABLISHED:** \_\_\_\_\_

**ATTESTATION**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE. ANY FALSE ANSWER IS A CRIMINAL OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5,000.00 OR IMPRISONMENT NOT TO EXCEED 4 YEARS OR BOTH.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE mm/dd/yyyy

**PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA USED MOTOR VEHICLE COMMISSION.**



**LOUISIANA USED MOTOR VEHICLE COMMISSION**

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FOR OFFICE USE ONLY

Current License #  
SM.

R#
Dealer #
SM #
Date Issued

**APPLICATION FOR SALESPERSON'S LICENSE FOR YEAR 20\_\_**

INITIAL     RENEWAL

**PLEASE PRINT OR TYPE.** Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a Salesman License. **SALESPERSON LICENSE FEE IS \$25.00.**

**SECTION ONE: INDIVIDUAL INFORMATION**

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY #	
RESIDENCE ADDRESS		CITY	STATE	ZIPCODE		DATE OF BIRTH
HOME TELEPHONE	CELLULAR PHONE	EMPLOYMENT DATE	DRIVER'S LICENSE #		RACE	GENDER
U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) AND DRIVER'S LICENSE.						
EMAIL ADDRESS						

**SECTION TWO: DEALERSHIP INFORMATION**

DEALERSHIP NAME	DEALERSHIP ADDRESS	CITY	ZIPCODE
DEALER LICENSE #	TELEPHONE	PARISH	

**SECTION THREE: GENERAL INFORMATION**

- HAVE YOU EVER APPLIED FOR A SALESMAN LICENSE THAT WAS DENIED?  
 YES; IF YES, GIVE DATE(S): \_\_\_\_\_  
 NO
- HAVE YOU EVER HELD A DEALER OR SALESMAN LICENSE THAT WAS DENIED, SUPSENDED, OR REVOKED?  
 YES; IF YES, GIVE DEALERSHIP NAME AND DATE: \_\_\_\_\_  
 NO
- ARE YOU RELATED TO ANYONE FROM THE USED CAR INDUSTRY WHOSE LICENSE HAS BEEN DENIED, SUSPENDED, OR REVOKED?  
 YES; IF YES, GIVE NAME(S): \_\_\_\_\_  
 NO
- HAVE YOU EVER ATTENDED THE 4 HOUR EDUCATIONAL SEMINAR?  
 YES; IF YES, GIVE DATE: \_\_\_\_\_  
 NO
- ARE YOU GOING TO DRIVE ANY OF THE VEHICLES ON OR OFF THE LOT?  
 YES  
 NO

**SECTION FOUR: EMPLOYMENT HISTORY**

HAVE YOU EVER HAD A PREVIOUS DEALER OR SALESMAN LICENSE?

- YES; IF YES, COMPLETE THE FOLLOWING:  
 NO

NAME OF DEALERSHIP	DEALERSHP ADDRESS	DATES OF LICENSE

**SECTION FIVE: BACKGROUND HISTORY**

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OF A FELONY OTHER THAN A TRAFFIC VIOLATION WITHIN THE PAST TEN (10) YEARS?

- YES; IF YES, DATE OF CONVICTION \_\_\_\_\_ OFFENSE \_\_\_\_\_
- NO

**NOTE: IF YES, YOU MUST SUBMIT AN ADDITIONAL FEE OF \$35.00 FOR A CRIMINAL BACKGROUND CHECK.**

**ATTESTATION**

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE. ANY FALSE ANSWER IS A CRIMINAL OFFENSE SUBJECT TO A FINE NOT TO EXCEED \$5,000.00 OR IMPRISONMENT NOT TO EXCEED 4 YEARS OR BOTH.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE mm/dd/yyyy

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE mm/dd/yyyy

***PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA USED MOTOR VEHICLE COMMISSION.***



**STATE OF LOUISIANA**  
 LOUISIANA USED MOTOR VEHICLE COMMISSION  
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**The text of this official Louisiana Used Motor Vehicle Commission form is NOT to be altered.**

**BOND FOR USED MOTOR VEHICLE DEALERS**

**BOND NO.** \_\_\_\_\_

<b>PRINCIPAL</b>	<b>OWNERSHIP</b> (Name of Individual, Partners, Corporation – an individual cannot do business as a Corporation, LLC, or LLP)
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**TRADE NAME/ASSUMED NAME OF BUSINESS** (Must be completed for individuals and entities doing business under a name other than the above entity name. The name must read exactly the same as on the application and business sign.)

**PHYSICAL LOCATION OF BUSINESS** (Number, Street, Town/City, Zip Code –Do not put mailing address)

<b>OWNERSHIP TYPE</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	<b>IF CORPORATION, LLC, OR LLP, STATE OF DOMICILE</b>
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**STATE OF LOUISIANA**  
**PARISH / COUNTY OF** \_\_\_\_\_, (hereinafter “Dealer” or “Principal”) as Principal and

(hereinafter “Surety”) \_\_\_\_\_  
 (Name of Surety)

\_\_\_\_\_  
 (Home Office Address of Surety)

, as Surety, hereby firmly bind ourselves, our heirs, executors and administrators unto the State of Louisiana through the Louisiana Used Motor Vehicle Commission, or its successor in office (“Commission”), for the faithful performance of Principal, of the duties incumbent upon Principal as a Used Motor Vehicle Dealer (“Dealer”) under the provisions of Chapter 4-C of Title 32 of the Louisiana Revised Statutes of 1950 as amended (“Chapter 4-C”) and other applicable laws.

This Bond given to satisfy the requirements of La. R.S. 32:791 shall be in the amount of **\$50,000** per calendar year and shall be effective as of \_\_\_\_\_, 20\_\_\_\_\_, in support of a license issued for the term ending December 31, 20\_\_\_\_\_. This Bond may be continued by certificate duly signed and sealed by the Surety, subject to the terms and conditions of this Bond.

This Bond shall be payable to the Commission upon presentation of a final Commission order or documentation showing any loss, damage or expense relating to: (a) the proper disposition of taxes, license fees, tags, or certificates of title, (b) loss by any purchaser of a used motor vehicle who suffers loss, damage, or expense due to the failure of the Principal to comply with any law relating to the registration of a used motor vehicle, the payment of sales tax, and obtaining a license tag or certificate or registration, including but not limited to the failure of the Principal to deliver a certificate of title or remit any tax, license, or registration fee; (c) restitution imposed by the Commission in accordance with La. R.S. 32:785(B)(6); (d) unpaid penalties, fines, and hearing costs imposed by the Commission not to exceed \$25,000; and (e) attorney fees or court costs assessed pursuant to La. R.S. 32:783.

In the event Principal shall faithfully discharge and perform the duties incumbent on Principal under the provisions of Chapter 4-C and other applicable laws during the license period, then in such case Surety’s obligation shall become null and void; else this Bond shall remain in full force, effect.

Surety’s obligations under this Bond may be continued for any subsequent license term by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of this Bond.

In faith whereof, we have signed these presents at the place and on the date hereinafter indicated.

<b>PRINCIPAL (Name of Dealer):</b>	<b>SURETY (Name of Surety):</b>
<b>SIGNED BY:</b> _____	<b>*SIGNED BY:</b> _____
<b>TITLE:</b> _____	<b>DATE:</b> _____
<b>DATE:</b> _____	<b>DATE:</b> _____

\*ORIGINAL POWER OF ATTORNEY MUST BE ATTACHED FOR SURETY SIGNATURE



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## ZONING VERIFICATION

(Please print or type)

We hereby verify that the property located at:

\_\_\_\_\_ (Physical address as listed on application)

\_\_\_\_\_ (City) (State) (Parish) (Zip)

Upon which \_\_\_\_\_ is situated,  
 (Name of business)

**Check One:**

- ( ) Is Zoned; Zoning Code: \_\_\_\_\_
- ( ) Is NOT Zoned

This is permissible and proper for the operation of:

**Check which Applies:**

- ( ) Used Motor Vehicle Dealer
- ( ) Automotive Dismantler and Parts Recycler
- ( ) Motor Vehicle Crusher
- ( ) Used Parts Dealer / Catalytic Converter  
 Auction Dealer

\_\_\_\_\_  
 Print Zoning Authority Name Official Title

\_\_\_\_\_  
 Zoning Authority Signature Phone Number Date

\*Pursuant to the Americans with Disabilities Act, assistance will be provided on completing any form required by the Louisiana Used Motor Vehicle Commission.



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## EDUCATIONAL TRAINING SEMINAR REGISTRATION

(Please print clearly or type)

*This form must be completed and submitted prior to attending the seminar. You must be registered to attend the seminar. Our agency will notify you of the date in which you are scheduled.*

**IMPORTANT:** A separate registration form must be completed for each person attending.

1. Trade Name of Business: \_\_\_\_\_
2. Ownership: \_\_\_\_\_
3. Dealer Number (If Applicable): \_\_\_\_\_
4. Physical Address: \_\_\_\_\_  
(Street) (City) (Parish) (Zip)
5. Mailing Address: \_\_\_\_\_  
(If different from Physical) (Street/P.O. Box) (City) (Parish) (Zip)
6. Business Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_
7. Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_
8. Person Attending:  

Name	Title

(Do not write below this line)  
 FOR OFFICE USE ONLY

Course Completed: Yes \_\_\_\_ No \_\_\_\_  
 Date Attended: Date: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
 Scheduled By: \_\_\_\_\_