



**LOUISIANA MOTOR VEHICLE COMMISSION  
APPLICATION FOR LICENSE AS A  
SALESMAN/AGENT (LSA-R.S. 6:969.7)**

**FOR OFFICIAL USE ONLY**

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

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

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

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

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

RETURN THIS DOCUMENT AND \$75.00 FEE TO THE:  
LOUISIANA MOTOR VEHICLE COMMISSION  
3519 12TH STREET, METAIRIE, LOUISIANA 70002

Name of Salesman/Agent (Hereinafter referred to as Applicant)				Current Salesman/Agent License No. (If applicable)			
Social Security Number		Date of Birth	Driver's License Number/ State/Expiration Date		Federal Tax I.D. Number		
Physical Residence Address of Natural Applicant or Business Address of Juridical Applicant							
City		Parish/County	State		Zip Code		
Name of Administrator			Name of Current Employer				
Physical Address of Administrator			Physical Address of Employer				
City		State	Zip Code	City		State	Zip Code
Date representation for present Administrator commenced			Are you a citizen of the United States? If no, attach a copy of proper documentation for a resident alien to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your application for a license as a Salesman/Agent 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 been convicted of any felony in the previous ten years, notwithstanding that the conviction was expunged, set aside, or received a first offense pardon? The only felony conviction which shall not be considered for purpose of this application is one which received a governor's or presidential pardon. <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 History for the Previous Ten Years (use a separate sheet of paper, if necessary)</b>							
Employed by		Address			From	To	
<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 financing of motor vehicles, the issuance of debt waiver or debt forgiveness agreements 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>							
Signature				Date			
Print Name							
<b><u>ADMINISTRATOR'S ACKNOWLEDGMENT</u></b>							
<i>I hereby certify that I am the authorized representative of the administrator. It is my intention to employ or enter an independent contractor agreement with the applicant when a license from the Louisiana Motor Vehicle Commission is issued.</i>							
Signature				Title			
Print Name				Date			