

# Louisiana Department of Public Safety and Corrections



PUBLIC SAFETY SERVICES  
OFFICE OF MOTOR VEHICLES

## COMMERCIAL HANDICAPPED LICENSE PLATE REQUEST

A commercial handicap 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 # of Business: \_\_\_\_\_

\_\_\_\_\_  
Signature of Registered Owner(s)

\_\_\_\_\_  
Printed Name of Registered Owner(s)

\_\_\_\_\_  
Date:

DPSMV1802 (R0418)

"YOU DRINK & DRIVE, YOU LOSE"

P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886

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