

OFFICE OF MOTOR VEHICLES
STATEMENT OF NON-POSSESSION

NAME _____ DRIVER'S LICENSE NO. _____

ADDRESS _____

NON-POSSESSION OF OPERATOR'S LICENSE

I have not applied for nor have in my possession an operator's license issued by the State of Louisiana or any other state.

NON-POSSESSION OF LICENSE PLATE

I do not have in my possession license plate number _____ issued by the State of Louisiana for my _____
Year/Make/Model

In the event my operator's license/license plate is located, I will immediately send it to the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles, P.O. Box 64886, Baton Rouge, LA 70896-4886. I fully understand that my driving and/or registering privileges have been suspended/revoked by the Louisiana Department of Public Safety and Corrections.

Signature

Date

MVCA/OPERATOR #

Date