

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES

APPLICATION FOR SECURE POWER OF ATTORNEY FORM

PLEASE TYPE OR PRINT

NAME OF DEALER

ADDRESS

CITY

ZIP CODE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**APPLICATION AND FEES MUST BE TAKEN TO YOUR LOCAL MOTOR VEHICLE OFFICE
ALONG WITH A CHECK OR MONEY ORDER MADE PAYABLE TO THE DEPARTMENT OF
PUBLIC SAFETY & CORRECTIONS.**

	# OF SETS	TOTAL:
No. of sets @ \$5.00 per set of 10 forms		\$
An \$8.00 handling fee is required on all orders.		\$ 8.00
		TOTAL REMITTANCE:
		\$

**FOR DEPARTMENT USE ONLY
DO NOT WRITE IN SPACES BELOW**

BEGINNING NUMBER:

ENDING NUMBER:

Signature of MVCA

Date