

Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

ACCIDENT CASE NUMBER _____ ACCIDENT DATE _____

RELEASE (Safety Responsibility Law)

THE UNDERSIGNED HEREBY CERTIFIES THAT

NAME DRIVER'S LICENSE NUMBER DATE OF BIRTH

is over the age of eighteen years and has been released from all claims and causes of action of the undersigned arising from the above described accident and authorizes the Louisiana Department of Public Safety and Corrections to accept this certification as satisfactory evidence of such release from liability as required by the Safety Responsibility Law (LA R.S. 32:851 seq.)

DATE _____

SIGNATURE PRINTED NAME ADDRESS CITY STATE ZIP

WITNESS SIGNATURE PRINTED NAME ADDRESS CITY STATE ZIP

WITNESS SIGNATURE PRINTED NAME ADDRESS CITY STATE ZIP

NOTARY SIGNATURE PRINTED NAME NOTARY NUMBER

INSTRUCTIONS

1. Complete the form in its entirety.
2. The form must be signed by the **registered owner** (not the driver) of the vehicle if there is **property damage**. The **injured party** must sign the form if a **physical injury** is involved.
3. The form cannot be executed by a minor unless he is emancipated by marriage or a court order. Otherwise, the form must be signed by the parent or legal guardian
4. If a company's vehicle is involved, the form must be signed by an authorized representative of the company. The representative must be designated on the form.
5. The form must be witnessed by two persons over eighteen years of age, other than the two parties negotiating the release. If there are no witnesses, the form must be notarized.

DPSMV 3022 (R0518)

"YOU DRINK & DRIVE, YOU LOSE"

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