

**TEMPORARILY RESIDING OUT OF STATE  
APPLICATION FOR RECONSTRUCTED DUPLICATE/RENEWAL LICENSE/ID CARD  
LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF MOTOR VEHICLES  
POST OFFICE BOX 64886  
BATON ROUGE, LA 70896-4886**

**MUST BE COMPLETED**

**PLEASE PRINT CLEARLY**

PRINT FULL NAME LAST				FIRST		MIDDLE/MAIDEN OR SUFFIX		LICENSE/ID NUMBER	
PERMANENT MAILING ADDRESS (AS IT APPEARS ON YOUR LICENSE)								CLASS OF LICENSE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> H	
TEMPORARY OUT OF STATE ADDRESS						APARTMENT # (IF APPLICABLE)		RENEWAL <input type="checkbox"/> LOST <input type="checkbox"/> DUPLICATE <input type="checkbox"/> STOLEN <input type="checkbox"/>	
DAYTIME PHONE NUMBER				EMAIL ADDRESS				IS YOUR CURRENT LICENSE/ID A REAL ID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH (MM/DD/YY)	RACE/SEX	EYES	WEIGHT	HEIGHT	SOCIAL SECURITY NUMBER		FORM OF PAYMENT <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CERTIFIED CHECK		AMOUNT

**MUST BE ANSWERED**

1. Are you a United States Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever experienced any loss of consciousness other than normal sleep?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	
3. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you wear contact lenses or glasses while driving?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**MUST BE COMPLETED BY PARENT/GUARDIAN IF APPLICANT IS A MINOR CHILD**

I certify that I am the  custodial parent  legal domiciliary parent  legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license/identification card as indicated above. I also declare by my signature below that information furnished by minor and me is complete and correct. Signature of person authorized to sign in accordance with R.S. 32:407. **NOTE: Only the domiciliary parent can sign if joint custody has been awarded.**

First	Middle/Maiden	Last	Printed Name
First	Middle/Maiden	Last	License/ID No.

Notary's Signature	Notary's Printed Name	Notary's Number
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**COMPLETE FOR NAME CHANGE (PROPER DOCUMENTATION MUST BE ATTACHED)**

NAME ON LICENSE/ID	NAME CHANGED TO
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**FEE SCHEDULE**

<p style="text-align: center;"><b>RENEWAL FEES</b></p> <p>DRIVER'S LICENSE <b>RENEWAL</b> CLASS E - \$32.25  DRIVER'S LICENSE <b>RENEWAL</b> CLASS D - \$54.75  DRIVER'S LICENSE <b>RENEWAL</b> CLASS D - \$66.00 (ORLEANS PARISH)  MOTORCYCLE ENDORSEMENT RENEWAL - <b>ADD</b> \$12.00  IDENTIFICATION CARD (CLASS I) <b>RENEWAL</b> - \$18.00</p> <p><b>*NOTE: A \$15.00 LATE FEE WILL APPLY IF THE LICENSE IS MORE THAN 10 DAYS EXPIRED</b></p>	<p style="text-align: center;"><b>DUPLICATE FEES</b></p> <p>CLASS D &amp; E - \$17.00 (6 YR. LICENSE), \$13.00 (4 YR. LICENSE)  CLASS A, B, &amp; C (CDL) - \$5.00 + COPY OF CURRENT MEDICAL CARD  CLASS I (ID CARD) - \$13.00  CLASS I (60 YEARS &amp; OLDER) - FREE</p> <p style="text-align: center;"><b>*WE ONLY ACCEPT CERTIFIED CHECKS, CASHIERS CHECK OR MONEY ORDERS MADE PAYABLE TO THE OFFICE OF MOTOR VEHICLES.</b></p>
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**DECLARATION OF INTENT**

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer; (8) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue. (9) I am aware that any credential I hold, whether surrendered or not, may be cancelled as a result of the new issuance due to state laws and policies in the state that issued the credential. (10) I have been provided with information as required by R.S. 32:410(E)(4)(b), which is located on the public website [www.expresslane.org](http://www.expresslane.org).

APPLICANT SIGNATURE	DATE	MVCA INITIALS	OPERATOR #
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