

Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

Initial Application for Third Party Tester Location Only

Company Information for Third Party Tester Location			Office Use Only License Number Issued
Name of Provider			
Provider Physical Address			Provider Telephone #
City	State	Zip	Provider Fax #
Provider Mailing Address, if different			Provider Owner
City	State	Zip	Owner's Cell Phone #
Company Web Site Address, if Applicable	Owner's Email address (Required)		Owner's Driver's License #
Examiner's Name	Examiner's Driver's License #	Examiner's Address	

I hereby certify that the statements made in this application are true and correct. I also hereby certify that I have read, understood and will adhere to all rules and regulations in accordance with La. Administrative Code, Title 55, Part III.

Signature of Owner

Date

Sworn and subscribed before me on this _____ day of _____, 20_____.

Notary Public Signature

Notary Printed Name

Notary ID #