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

DPSMV 4254 (R 03/06)