Louisiana Department of Public Safety and Corrections

PUBLIC SAFETY SERVICES

OFFICE OF MOTOR VEHICLES

COMMERCIAL HANDICAPPED LICENSE PLATE REQUEST

A commercial handicap license plate is being requested on the below described vehicle that is being registered in my personal name.

Make:_____Model:_____Year:_____

Vehicle Identification Number: _____

The Vehicle will be used for business functions of the company listed below:

Name of Business: _____

Address of Business: _____

_____

Telephone # of Business: _____

_____
Signature of Registered Owner(s)

_____
Printed Name of Registered Owner(s)

_____
Date:

DPSMV1802 (R0418)