Louisiana Department of Public Safety
Office of Motor Vehicles
Request for Personalized (Prestige) License Plate

Applicant Information		
Name of Owner	Phone Number	
Address	City, State	Zip Code
Mailing Address (if different)	City, State	Zip Code

Vehicle Information		
Vehicle Identification Number (VIN)	Make	Model
Year	Body Style	Color of Vehicle
Present License Number on Vehicle	Expiration (mm/yy)	

The choices below are printed exactly as I want them to appear on the license plate. I affirm that all choices meet the requirements of Section 5, Policy 21.00, Personalized Prestige License Plates.

1st Choice:							
2nd Choice:							
3rd Choice:							

_____ _____
Owner Signature Date

Submit this form (completed), a photocopy of the registration, and proof of insurance to:

Office of Motor Vehicles
Attn: Specialized Vehicle Unit
P.O. Box 64886
Baton Rouge, LA 70896