LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS

OFFICE OF MOTOR VEHICLES **VEH-5**

APPLICATION FOR FREE PLATE FOR PUBLIC AGENCY

NAME OF PUBLIC BODY

ADDRESS OF PUBLIC BODY (STREET ADDRESS, CITY, ZIP CODE)

PARISH OF

VEHICLE OWNED BY

☐ CITY ☐ PARISH ☐ STATE

LISENCE PLATE REQUESTED FOR VEHICLE DESCRIBED BELOW:

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER

CHECK PROPER BLOCK

☐ **PUBLIC PLATE -** Vehicle will be used by said public body exclusively for official business.

☐ **PRIVATE PLATE -** Vehicle will be used by said public body in crime prevention and detection and similar work.

☐ **OFF-ROAD VEHICLE DECAL -** Vehicle will be used by said public body for official business or in crime prevention and detection and similar work.

☐ **PUBLIC PLATE FOR MOBILITY IMPAIRED INDIVIDUAL -** Vehicle will be used by said public body exclusively for official business. (Must either submit a currently dated physician's certification-form DPSMV 1966 - and a letter from head of public body attesting that the person named on the form will be transported by or driving vehicle OR submit a letter from head of public body attesting that the vehicle is routinely used to transport mobility impaired individuals.)

In the event ownership of vehicle changes or vehicle is used for other than public purposes, the license plate and registration certificate must be returned to the Office of Motor Vehicles for cancellation.

SIGNATURE-TITLE DATE