

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF MOTOR VEHICLES

REQUEST FOR BLACK AND WHITE PHOTO

Applicant's Name _____		Request Date _____			
Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race _____	Examining Office _____	Audit No. _____
License No. _____	No. of Copies _____	Date Issued _____			
Type of Business: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Investigator <input checked="" type="checkbox"/> State Agency <input type="checkbox"/> Company <input type="checkbox"/> Individual					
Requested by (Section)		(Name) _____		Phone No. _____	
<b>DCFS/DFS/Child Support Enforcement Services</b>					
Fax No. _____	Deliver Option: <input type="checkbox"/> Fax <input type="checkbox"/> Pickup <input type="checkbox"/> Mail to: <input checked="" type="checkbox"/>		Child Support Enforcement Services		
_____					
_____					
Action: <input type="checkbox"/> Letter Mailed to Applicant <input type="checkbox"/> Faxed <input type="checkbox"/> Picked up <input type="checkbox"/> Mailed					
Received Date: _____		Processed Date: _____		Processed by: _____	