



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
**Notification for Instructors – Transfer of Employment During
Ownership Change**

School Name		School License Number	
School Address	City	State	Zip
Instructor Information			
Name of Instructor		Instructor's Driver's License #	
<p>I understand that my current instructor license will remain current as only ownership of the school is changing hands. If my Instructor license has expired, then I understand that I will go through the licensing process as defined in Louisiana Administrative Code, Title 55, Part III.</p> <p>I hereby certify that the statements made in this application are true and correct. I also hereby certify that I have received, read, understood and will adhere to all rules and regulations in accordance with Louisiana Revised Statutes and Louisiana Administrative Code, Title 55, Part III.</p>			
_____ Signature of Instructor		_____ Date	
_____ Signature of Owner		_____ Date	

Revised (03/22)