



# Application for License or Identification Card

Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles  
DPSMV2003 (Revised 01/01/2025)

Date: \_\_\_\_\_

### Personal Identifiable Information (To be completed by the Office of Motor Vehicles)

Credential Number	Last Name	First Name	Middle, Maiden, or Suffix	Social Security Number		
Class	Real ID <input type="checkbox"/> Y <input type="checkbox"/> N	Residence Address	City	State	Zip	Domicile
Restrictions	Mailing Address (if different)	City	State	Zip		
Endorsements	Date of Birth (MM/DD/YY)	Race	Sex	Eye Color	Height	Weight
Reason for Visit	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Out-of-State Transfer: State: ____, # _____ <input type="checkbox"/> Change/Correction: _____ Testing: <input type="checkbox"/> Written <input type="checkbox"/> Driving					

### Medical Information (To be completed by the Office of Motor Vehicles)

Visual Acuity	Left 20 / ____	Right 20 / ____	Both 20 / ____	<input type="checkbox"/> Without Corrective Lens	<input type="checkbox"/> Intrastate Vision Waiver
Hearing	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Deaf				
Physical Infirmities	<input type="checkbox"/> None Noted <input type="checkbox"/> Missing Extremities <input type="checkbox"/> Stiffness <input type="checkbox"/> Mental <input type="checkbox"/> Shakiness <input type="checkbox"/> Other: _____				

### Applicant Questionnaire (To be completed by the applicant)

	Yes	No
1. Would you like to be an organ donor?		
2. Would you like to register to vote or update your voter registration?		
3. Do you want to donate \$1 for the Louisiana Military Family Assistance Fund? (Not applicable for IDs or TIPs)		
4. Have you ever applied for or been previously issued a learner's permit or driver's license?		
5. Have you ever had a commercial driver's license? If your answer to question 4 and 5 is yes, list the state(s) of issuance and the license / permit number(s).		
6. Have you ever held a license in any other name other than the one on this application? If yes, list the name(s):		
7. Are you currently under suspension in this or any other state? If yes, list the state(s): _____		
8. Are you a United States citizen? If no, are you a permanent resident alien? If no, what documents are presented to show legal presence? If no, what is the expiration date of your status?		
9. Have you ever experienced any loss of consciousness other than normal sleep? If yes, explain:		
10. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?		
11. Do you wear contact lenses or glasses when driving?		
12. Would you like the Office of Motor Vehicles to retain a copy of your source documents?		
13. Would you like to apply for a Real ID credential?		

By submitting this application, I am consenting to registration with the Federal Selective Service System, if so required.  
If under 18 years of age, I understand that I will be registered when I attain 18 years of age, as required by Federal law.

Initials: \_\_\_\_\_

### Declaration of Intent

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle (if applicable); (5) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (6) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer; (7) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue; (8) I am aware that any credential I hold, whether surrendered or not, may be cancelled as a result of the new issuance due to state laws and policies in the state that issued the credential; (9) I have been provided with information as required by R.S. 32:410.(E)(4)(b).

Signature of Applicant	Date	Signature of MVCA	Operator #	Office #
Remarks:				

Credential Number	Last Name	First Name	Middle, Maiden, or Suffix	Date

**Consent for Minor Applicants**

**Certification of Relationship with the Minor Applicant:**

I certify that I am the:

<input type="checkbox"/> Custodial parent of the minor applicant	<input type="checkbox"/> Legal guardian of the minor applicant
<input type="checkbox"/> Legal domiciliary parent of the minor applicant (only the domiciliary parent can sign if joint custody has been awarded)	<input type="checkbox"/> Authorized representative for the minor applicant <input type="checkbox"/> Foster Care representative <input type="checkbox"/> Non-Profit representative

**Authorization for Application of Minor Applicant:**

This is my authorization to the Office of Motor Vehicles to issue a license / identification card as indicated on the first page of this application. I hereby declare with proof by documents presented that the minor was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I hereby authorize the Office of Motor Vehicles to issue the minor applicant:

<input type="checkbox"/> Driver's License		<input type="checkbox"/> Identification Card
<input type="checkbox"/> Initial	<input type="checkbox"/> Temporary Instructional Permit (TIP)	<input type="checkbox"/> Initial
<input type="checkbox"/> Duplicate	<input type="checkbox"/> Learner's Permit (02 Restriction)	<input type="checkbox"/> Duplicate
<input type="checkbox"/> Change (name, restriction, etc.)	<input type="checkbox"/> Intermediate License (61 Restriction)	<input type="checkbox"/> Renewal

**Driver's License Applications:**

Parent/Guardian Initial	I attest that the minor has held the learner's license for at least 180 days, while remaining accident free, except where the licensee was not at fault, and has not received convictions for moving violations or violations of the seatbelt or curfew laws of this state or any law pertaining to drug or alcohol use.
	I certify that I am attesting to compliance of school attendance under the provisions of R.S. 32:431.1 (E)(2) and (3).
	I certify that the minor applicant has a minimum of 50 hours behind-the-wheel driving experience with a licensed driver, consisting of at least fifteen hours of nighttime driving.

**Consent from Parent / Guardian / Representative**

I declare by my signature below that information furnished by the minor and me is complete and correct. Signature of the person authorized to sign in accordance with R.S. 32:407.

_____	_____	_____
First Name of Parent / Guardian / Representative	Middle/Maiden Name of Parent / Guardian / Representative	Last Name of Parent / Guardian / Representative
_____	_____	_____
Signature of Parent / Guardian / Representative	Document Provided by Parent / Guardian / Representative	Document # State or Country

**Notary** (if parent or guardian is not available (i.e. bedridden, handicapped, or out-of-state) and cannot appear in person)

_____	_____	_____	_____
Printed Name of Notary	Signature of Notary	Notary #	Date

Official Use Only		
	Signature of MVCA	Operator #

**Written / Computer Passing Test Results**

Test	Test #	Score	Date	MVCA Badge # and Initials
General Knowledge				
Chauffeur's Driver's License				
Motorcycle Endorsement				

**Commercial Driver's License Written / Computer Passing Test Results**

General Knowledge				
Air Brakes				
Combination				
Hazardous Materials				
Tanker				
Passenger				
Double / Triple Trailers				
School Bus				