Louisiana Department of Public Safety

Office of Motor Vehicles

Request for Black and White Photo

Applicant's Name	License Number	
Date of Birth (mm/dd/yyyy)	☐ Male ☐ Female	Race

Number of Copies	Requested By (Section)	Name
Phone Number	Fax Number	Delivery Option
		☐ Fax ☐ Pickup ☐ Mailed
Type of Business		
☐ Law Enforcement ☐ Private Investigator ☐ State Agency ☐ Company ☐ Individual		

For Office Use Only		
Received Date	Processed Date	Processed By
Request Date (mm/dd/yyyy)		
Examining Office	Audit Number	
Date Issued		