

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF MOTOR VEHICLES**

**REQUEST FOR BLACK AND WHITE PHOTO**

Applicant's Name			Request Date	
			<b>OFFICE</b>	
Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race	Examining Office	Audit No.
			<b>USE</b>	
License No.		No. of Copies	Date Issued	
			<b>ONLY</b>	
Type of Business: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Investigator <input type="checkbox"/> State Agency <input type="checkbox"/> Company <input type="checkbox"/> Individual				
Requested By (Section)		Name		Phone No.
Fax No.		Delivery Option: <input type="checkbox"/> Fax <input type="checkbox"/> Pickup <input type="checkbox"/> Mail To:		
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:

DPSMV 2109 (R 05/09)