



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
Child Safety Seat Affidavit (DPSMV3027)

I, _____ have acquired an approved
First Name Middle Name Last Name
age-appropriate or size-appropriate child restraint system, in accordance with RS:32:295, and
have complied with all other requirements of reinstatement, as provided by law and
department regulation.

Signature

Driver's License Number

I, _____, a Notary Public of _____ Parish and State of
Louisiana aforesaid, hereby certify that _____
First Name Middle Name Last Name

known to me to be the affiant in the foregoing affidavit, personally appeared before me this
date and having been by me duly sworn deposed and said that the facts set forth in the
above affidavit are true and correct.

Witness my hand and official seal this the _____ day of _____, _____.



Notary Seal

Notary Signature: _____
Notary Printed Name: _____
Notary Number: _____
My Commission expires: ____/____/____.

This form must be mailed to the following address. The form cannot be emailed or faxed.

*Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, La 70896*

Attention: Compulsory Insurance Unit