



Louisiana Department of Public Safety
Office of Motor Vehicles
Title History Request Form (DPSMV1958)

Date _____

Complete all required information marked with an asterisk (*).

| Requestor's Information | |
|-------------------------|----------------|
| Requestor's Name* | Email Address* |
| Reason for Request* | |

| Vehicle Information | | | |
|--------------------------------------|--------------|--------------|-------|
| Vehicle Identification Number (VIN)* | Year | Make | Model |
| Owner Name | Title Number | Plate Number | |

Item(s) Requested (select one)*:

- ☐ Last title transaction
- ☐ Last two (2) title transactions
- ☐ All available documents
- ☐ Certificate of Origin (CO)

Type Requested (select one)*:

- ☐ Certified
- ☐ Not Certified

Requested Return (select one)*:

- ☐ Return documents by email to the requestor
- ☐ Return documents by mail to the following address:

| Name | Mailing Address | City, State, ZIP |
|------|-----------------|------------------|
| | | |

Mail this completed form and applicable fees to the Office of Motor Vehicles, Attn: Document Management/Title History Request, P.O. Box 64886, Baton Rouge, LA 70896-4886.

The fee for a title request is \$10.00 per vehicle. If certified documents are requested, an additional \$2.00 per page will be charged. Fees may be remitted by personal check, cashier's/certified check, or money order payable to the Office of Motor Vehicles. Requests for fee assessment for certified documents may be emailed in advance to OMV.TitleRequests@la.gov.