## LOUISIANA OFFICE OF VETERANS AFFAIRS DISABLED VETERANS CERTIFICATION

This is to certify that _	/ ·· ›	<del></del>	address is
	, (city)	(zip code) _	
[ ] is a veteran of World War II, or disabilities incurred in Woveteran, and is a citizen of the truck purchased with a grasubsequent automobile or present from payment of the 1948, as amended by Act 365	orld War II or in service on one of the State of Louisiana, and is nt from the Administrator ickup truck bought as a reploregistration or license tax ur	or after June 27, 1950, amporthe owner of an automobic of Veterans Affairs or the lacement for such vehicle, ander Act 78 of the Louisiana	putee or blind le or a pickup e owner of a and that he is
[ ] is a qualified veteran under 50% service connected perma			
Type of plate requested:			
[ ] Disabled Veterans plate			
[ ] Regular plate (auto, truck, mo	torcycle, recreational vehicle	, van)	
[ ] Mobility Impaired plate			
[ ] Mobility impaired hangtag			
R.S. 47:490.4E accords the holde license plate for the mobility imrequested, free of charge.	-		-
If the vehicle is sold or traded, the for cancellation. If, however, the license plate to another vehicle, processing.	holder requests to transfer t	the Disabled Veterans or mo	bility impaired
CERTIFICATION			
I CERTIFY THAT THE ABOVE REFER PARISH VETERANS SERVICE OF REQUIREMENTS AND IS ENTITLED	FFICE IN		
Applicant's Signature		Veterans Assistance C	ounselor
LVDA – A17			
Revised 08/09		OFFICE STAMP	