



Louisiana Office of Motor Vehicles

P.O. Box 64886, Baton Rouge, LA 70896-4886

Release (Safety Responsibility Law)

Accident Case Number: _____

Accident Date: _____

The undersigned hereby certifies that

Name: _____ Driver's License Number: _____ Date of Birth: _____

Is over the age of eighteen years and has been released from all claims and causes of action of the undersigned arising from the above described accident and authorizes the Louisiana Department of Public Safety and Corrections to accept this certification as satisfactory evidence of such release from liability as required by the Safety Responsibility Law (LA R.S. 32:851 seq.).

Date: _____

Signature: _____

Printed Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Witness Signature: _____

Printed Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Witness Signature: _____

Printed Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Notary Signature: _____

Printed Name: _____

Notary Number: _____

Instructions:

1. Complete the form to its entirety.
2. The form must be signed by the **registered owner** (not the driver) of the vehicle if there is **property damage**.
 - a. The **injured party** must sign the form if a **physical injury** is involved.
3. The form cannot be executed by a minor unless they are emancipated by marriage or a court order. Otherwise, the form must be signed by the parent or legal guardian.
4. If a company's vehicle is involved, the form must be signed by an authorized representative of the company. The representative must be designed on the form.
5. The form must be witnessed by two persons over eighteen years of age, other than the two parties negotiating the release. If there are no witnesses, the form must be notarized.