



**Temporarily Residing Out-of-State
Application for Reconstructed Duplicate / Renewal License or ID
Card DPSMV2013 (R 03/2022)**

**Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles, ATTN: Reconstructed DL
P.O. Box 64886, Baton Rouge, LA 70896-4866**

For Priority Mail: 7979 Independence Blvd., Baton Rouge, LA 70806

Personal Information (must be completed)

Last Name		First Name		Middle / Maiden		License / ID Number	
Contact Phone Number		Email Address					
Permanent Mailing Address		Apt. #	City	State	Zip	Class of License	
Temporary Out-of-State Address		Apt. #	City	State	Zip	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> I <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	
Residency Requirements: Applicants must submit proof of residency, as outlined in Section 1, Policy 3.04 , Residency Requirements for Issuance of a Driver's License or Identification Card .						Is your current license/ID a Real ID? <input type="checkbox"/> Y <input type="checkbox"/> N	
Date of Birth	Race	Sex	Eye Color	Weight	Social Security Number	Form of Payment	
						<input type="checkbox"/> Money Order <input type="checkbox"/> Certified Check Amount	

Applicant Questionnaire (must be completed)

1. Are you a United States citizen?	Yes	No
2. Have you ever experienced any loss of consciousness, other than normal sleep? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently have any physical or mental condition, which could impair your ability to operate a motor vehicle safely?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wear contact lenses or glasses while driving?	<input type="checkbox"/>	<input type="checkbox"/>

Parental Consent for Minor Applicants (must be completed by parent/guardian if applicant is a minor child)

I certify that I am the custodial parent legal domiciliary parent legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license / identification card as indicated above. I hereby declare with proof by documents presented that he/she was born on the _____ day of _____, _____. I declare by my signature below that information furnished by the minor and me is complete and correct. Signature of the person authorized to sign in accordance with R.S. 32:407. Note: Only the domiciliary parent can sign if joint custody has been awarded.

I attest that he/she has held the learner's license for at least 180 days, while remaining accident free, except where the licensee was not at fault, and has not received convictions for moving violations or violations of the seatbelt or curfew laws of this state or any law pertaining to drug or alcohol use. Parent/Guardian Initial: _____

I certify that I am attesting to compliance of school attendance under the provisions of R.S. 32:431(E)(2) and (3). Parent/Guardian Initial: _____

I hereby authorize the Office of Motor Vehicles to issue the minor applicant: Operator Class License Learner's License (02) Intermediate License (61)
 Temporary Instructional Permit (TIP) Identification Card Duplicate License / Learner's Permit / Intermediate License / Identification Card

I certify that the minor applicant has a minimum of 50 hours behind-the-wheel driving experience with a licensed driver, consisting of at least fifteen hours of nighttime driving.

Parent / Guardian First Name	Parent / Guardian Middle/Maiden Name	Parent / Guardian Last Name
Parent / Guardian Credential Information		Parent / Guardian Signature
Credential #	State of Issuance	Type <input type="checkbox"/> ID <input type="checkbox"/> DL
MVCA Signature	Operator #	Notary's Printed Name
		Notary's Signature
		Notary #

Name Change (must complete for name change, proper documentation must be attached)

Name on License / ID	Name Changed To

Fee Schedule

Renewal Fees Driver's License Renewal Class E - \$32.25 Driver's License Renewal Class D - \$54.75 Driver's License Renewal Class D (Orleans Parish) - \$66.00 Motorcycle Endorsement Renewal - Add \$12.00 Identification Card (Class I) Renewal - \$27.00	Duplicate Fees Class D & E Duplicate - \$17.00 Class A, B, C (CDL) Duplicate - \$5.00 + Copy of Current Medical Card Class I (ID Card) 4-Year Duplicate - \$13.00 Class I (ID Card) 6-Year Duplicate - \$17.00 Class I (60 Years and Older) Duplicate - Free
Note: A \$15.00 late fee will apply if the license is more than ten (10) days expired. Note: OMV only accepts certified checks, cashier's check, or money orders made payable to The Office of Motor Vehicles.	

Declaration of Intent

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer; (8) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue. (9) I am aware that any credential I hold, whether surrendered or not, may be cancelled as a result of the new issuance due to state laws and policies in the state that issued the credential. (10) I have been provided with information as required by R.S. 32:410(E)(4)(b), which is located on the public website www.expresslane.org.

Applicant's Signature	Date	MVCA Initials	Operator #

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