



**Temporarily Residing Out-of-State**  
**Application for Reconstructed Duplicate / Renewal License or ID Card**  
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				Class of License	
Permanent Mailing 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	
Temporary Out-of-State Address		Apt. #	City	State	Zip	<input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	
						Is your current license/ID a Real ID? <input type="checkbox"/> Y <input type="checkbox"/> N	
Residency Requirements: Applicants must submit proof of residency, as outlined in Section 1, Policy <a href="#">3.04, Residency Requirements for Issuance of a Driver's License or Identification Card.</a>						Form of Payment	
Date of Birth						<input type="checkbox"/> Money Order <input type="checkbox"/> Certified Check	
Race						Amount	
Sex							
Eye Color							
Weight							
Social Security Number							

**Applicant Questionnaire (must be completed)**

	Yes	No
1. Are you a United States citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever experienced any loss of consciousness, other than normal sleep?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
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"/>

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

Name on License / ID	Name Changed To

**Fee Schedule**

<b>Renewal Fees</b> 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	<b>Duplicate Fees</b> 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 Card Class I (ID Card) 6-Year Duplicate - \$17.00 Class I (60 Years and Older) Duplicate - Free
<b>Note: A \$15.00 late fee will apply if the license is more than ten (10) days expired.</b>	
<b>Note: OMV only accepts certified checks, cashier's check, or money orders made payable to The Office of Motor Vehicles.</b>	

**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](http://www.expresslane.org).

Applicant's Signature	Date	MVCA Initials	Operator #

Are you registered to vote? Visit us on the web at [www.geauxvote.com](http://www.geauxvote.com) to register.

Credential Number	Last Name	First Name	Middle, Maiden, or Suffix	Date

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

**Certification of Relationship with the Minor Applicant:**

I certify that I am the:

<input type="checkbox"/> Custodial parent of the minor applicant	<input type="checkbox"/> Legal guardian of the minor applicant
<input type="checkbox"/> Legal domiciliary parent of the minor applicant (only the domiciliary parent can sign if joint custody has been awarded)	<input type="checkbox"/> Authorized representative for the minor applicant <input type="checkbox"/> Foster Care representative <input type="checkbox"/> Non-Profit representative

**Authorization for Application of Minor Applicant:**

This is my authorization to the Office of Motor Vehicles to issue a license / identification card as indicated on the first page of this application. I hereby declare with proof by documents presented that the minor was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I hereby authorize the Office of Motor Vehicles to issue the minor applicant:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Identification Card
<input type="checkbox"/> Initial <input type="checkbox"/> Duplicate <input type="checkbox"/> Change (name, restriction, etc.)	<input type="checkbox"/> Initial <input type="checkbox"/> Duplicate <input type="checkbox"/> Renewal

**Driver's License Applications:**

Parent/Guardian Initial	I attest that the minor 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.
	I certify that I am attesting to compliance of school attendance under the provisions of R.S. 32:431.1 (E)(2) and (3).
	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.

**Consent from Parent / Guardian / Representative**

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.

First Name of Parent / Guardian / Representative	Middle/Maiden Name of Parent / Guardian / Representative	Last Name of Parent / Guardian / Representative
Signature of Parent / Guardian / Representative	Document Provided by Parent / Guardian / Representative	Document # State or Country

**Notary** (if parent or guardian is not available (i.e. bedridden, handicapped, or out-of-state) and cannot appear in person)

Printed Name of Notary	Signature of Notary	Notary #	Date
------------------------	---------------------	----------	------

Official Use Only	Signature of MVCA	Operator #
-------------------	-------------------	------------