

LOUISIANA
DEPARTMENT of REVENUE

**Resale Certificate Application for Used Vehicle
Dealer Purchases of Parts and Services**

Mail to:

Louisiana Department of Revenue
Revenue Processing Center
P.O. Box 4998
Baton Rouge, LA 70821-4998
Telephone: (855) 307-3893

This application must be submitted with a copy of the applicant's current Louisiana Used Motor Vehicle Commission license.

PLEASE PRINT OR TYPE.

Used Motor Vehicle Dealer Legal Name		Louisiana Sales Tax Account Number <i>(if applicable)</i>	
Motor Vehicle Dealer Trade Name			
Louisiana Used Motor Vehicle Commission License Number		License Expiration Date	
Dealer Location			
City		State	ZIP
Dealer Mailing Address			
City		State	ZIP

I hereby certify that the business listed above is a used motor vehicle dealer and is duly licensed by the Louisiana Used Motor Vehicle Commission. Under penalty of perjury, I declare that I have examined this form and accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Application Authorization

Authorized Name <i>(please print)</i>	Title
Authorized Signature	Date <i>(mm/dd/yyyy)</i>

Questions about the completion of this application should be sent to Sales.inquiries@La.gov.