

## 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 Fax: (225) 237-6762

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

PLEASE PRINT OR TYPE

Dealership Information					
Used Motor Vehicle Dealer Legal Name		Louisiana Sales Tax Account Number (if applicable)			
Motor Vehicle Dealer Trade Name					
Louisiana Used Motor Vehicle Commiss		License Expiration Date			
Dealer Location					
City			State	ZIP	
Dealer Mailing Address					
City			State	ZIP	
Ownership Information					
Type of Ownership (select one):  Sole Proprietor/Individual Limited Partnership (LP) Corporation (COF Partnership Limited Liability (LLC) Limited Liability Partnership				(LLP)	
Entity Name (if applicable)		Business FEIN			
Complete the following section indicating all parties with any ownership in the business. You may include additional sheets if necessary.					
Name of Owner					
Home Address			Social Security Number		
Email Address			Contact Telephone Number		
Name of Owner					
Home Address			Social Security Number		
Email Address			Contact Telephone Number		
Application Authorization					
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.					
Authorized Name (please print)  Title					
Authorized Signature Date (mm/dd/			mm/dd/yyyy)		