DEALER POINT
MVT TRANSACTIONS

LOUISIANA

DEALER	CUSTOMER	VEHICLE
DEAL	INSURANCE	LIENHOLDER

CHECKLIST

TITLE (can be signed by POA)
* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM DPSMV 1799

PROOF OF IDENTIFICATION (Business)
SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Louisiana Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM

PROOF OF INSURANCE
(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT
UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment Form UCC-1

POWER OF ATTORNEY

☐ Completed Power of Attorney Form

CLEAR FORM

TO AVOID REJECTION:
Complete all required information

Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
P.O. Box 64886, Baton Rouge, LA 70896-4886

VEHICLE APPLICATION

ELECTRONIC FUND TRANSFER CODE

DEALER CODE

Date Prepared	Type of Plate

VIN	Make	License No.	Exp. Date

Body	Color	Year	Mileage	Model/Weight

Name of Owner — Driver's License or EIN

Name of Joint Owner (if applicable) — Driver's License or EIN

Owner's Principal Residence Address (or Business Location if Vehicle is Used for Commercial Purposes)

City — **Parish** — State/Zip

I affirm that the information provided is in compliance with R.S. 47:303.

☐ Lessee ☐ Mail To ☐ Domicile ☐ Renter

If lessee, domicile, or renter is indicated, renewal notice should be mailed to (check one): ☐ Owner ☐ Lessee, renter, or domicile address

Domicile Code

Name — Driver's License or EIN of Lessee or Renter

Street — Trade VIN

City — **Parish** — State/Zip — Trade License No.

VEHICLE IS SUBJECT TO SECURITY AGREEMENT AS FOLLOWS:

ELECTRONIC LIEN TRANSFER CODE

First Lienholder's Name	Second Lienholder's Name
Street	Street
City/State/Zip	City/State/Zip

☐ New ☐ Used	Date Acquired	Tax Date	Previous Title No.	State	Cost of Vehicle	Less Trade

Title Fee	Lic Pen Credit	Handling Fee	Rebate	Tax Value

Mortgage Fee	Tax	Tow Fee
License Fee	*Tax Penalty	Miscellaneous Fee
Lic Transfer Fee	*Interest	Total Fees
License Credit	Vendor's Comp	Total Taxes
License Penalty	Tax Credit	Grand Total

BE SURE TO SIGN AND DATE

I do swear or affirm that the information contained in this document is true and correct to the best of my knowledge.

I have and will maintain, during this registration period, vehicle liability insurance (security) required by LRS Title 32:861-865. Failure to maintain as agreed will be a violation of law which may result in criminal prosecution and/or suspension of registration privileges.

If the vehicle being registered is defined as a commercial motor vehicle by the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Material Regulations, by signature below registrant declares knowledge of those federal regulations.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

PROOF OF LIABILITY INSURANCE MUST BE FURNISHED AS PROVIDED FOR BY LAW BEFORE THIS FILE CAN BE PROCESSED.

TO AVOID PENALTY AND INTEREST:

File must be submitted within 40 days from the date of purchase. For manufactured houses (mobile homes), file must be submitted by the 20th of the month following the month of delivery.

For additional information on penalty and interest, refer to Section 4, Policy 55.00, *Penalty and Interest* on Expresslane.org.

DUPLICATE TITLE AFFIDAVIT (Must be signed by owner and notarized.)

The certificate of title issued to me was
☐ lost ☐ mutilated ☐ never received

I make application for a duplicate copy of said certificate and agree to hold the Commissioner harmless if the previous title is obtained by another person.

☐ I give the Commissioner permission to mail the title to the address on this application.

Owner(s)'s Signature(s) for Duplicate Title

Witness _____ Witness _____

Sworn and subscribed before me this _____ day of _____, _____

Notary Public Signature, Printed Name — ID Number

AFFIDAVIT OF NON-POSSESSION OF TITLE BY LIENHOLDER
Must be signed by lienholder and notarized.

I hereby swear or affirm that title of above described vehicle showing lien in our favor was ☐ never received ☐ received and surrendered to the owner.

Lienholder's Signature

Witness _____ Witness _____

Sworn and subscribed before me this _____ day of _____, _____

Notary Public Signature, Printed Name — ID Number

RECEIVED/REJECTION DATE(S)

NOTICE:

If a title, license plate, or validation sticker is not received within thirty (30) days after submitting application and fees for such, contact your nearest Office of Motor Vehicles. Departmental policy provides for the issuance of a free replacement within sixty (60) days from the date of issuance. Failure to notify this office timely could result in additional fees being charged.

A. CONVERSION

Old License Plate Number _____ New License Plate Number _____

Use _____ Use _____

Weight _____ Weight _____

B. TRANSFER OF PLATE

License plate _____ has been removed from a _____

YEAR MAKE VIN

and transferred to the vehicle described on the first page of this form. License plate returned is _____

C. LOST, STOLEN, OR REPLACEMENT ☐ PLATE ☐ STICKER License Plate Number _____

D. TITLE CORRECTION

Error: _____

_____

Correct To: _____

_____

E. FARM USE STATEMENT

I do declare that I am a bona fide farmer and am in the business of farming; that the vehicle described on the first page of this form is used primarily, but not exclusively, in hauling farm produce raised on my farm, from such farm to market and return therefrom; hauling merchandise to my farm and that this vehicle will not be used to haul another person's farm produce or other products for a fee or compensation. Said farm is located at:

_____

RFD Box City Parish Zip

_____

Owner's Signature

F. OUT OF STATE DECLARATION

I, _____ declare that the _____

(Printed name of owner) MAKE MODEL VIN

was domiciled in Louisiana on _____.

G. DISCLOSURE OF SALVAGE / RECONSTRUCTED / WATER DAMAGED / HAIL-DAMAGED

I, _____ swear under penalties of perjury that:

(Printed name of owner)

the title covering the vehicle, _____, in accordance with

MAKE MODEL VIN

Louisiana R.S. 32:706.1, has been branded: ☐ Salvaged Vehicle ☐ Reconstructed Vehicle

In accordance with Louisiana R.S. 32:789, the undersigned confirm that the above referenced vehicle has sustained water damage to the following extent: _____

_____

In accordance with Louisiana R.S. 32:781, the undersigned confirm that the above referenced vehicle has sustained water damage to the following components:

_____ Power Train _____ Computer _____ Electrical System

In accordance with Louisiana R.S. 32:702(13), the undersigned confirm that the above referenced vehicle has sustained only cosmetic damage caused by hail, equivalent to seventy-five percent or more of its market value as a result of costs or repairs to items such as windshield, windows, and rear glass; exterior paint and paint materials; and body damage such as dents.

_____ Hail-Damaged

Signed by _____ under penalties of perjury this day of

(Signature of vehicle owner)

_____, 20 _____

False statements are punishable by fine, imprisonment or both under R.S. 32:730.

LOUISIANA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF MOTOR VEHICLES

ODOMETER DISCLOSURE STATEMENT

Federal and State law require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fine and/or imprisonment.

I, _____ certify that the odometer now reads _____
Seller (Print name) (no tenths)
miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of **MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.**

☐ (2) I hereby certify that the odometer reading is **NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.**

Make_____Model_____Body Type_____

Year _____

Vehicle Identification Number _____

SELLER'S Signature _____

Printed Name of Seller _____

Seller's Address _____
(Street)

_____
(City) (State) (ZIP Code)

BUYER's Signature _____

Printed Name of Buyer _____

Representative Name (of Company) _____

Buyer's Address _____
(Street)

_____
(City) (State) (ZIP Code)

Date of Statement_____

DPSMV 1606 (R 10/94)

STATE OF LOUISIANA
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT
UCC-1

Important - Read Instructions before filing out form.

Follow instructions carefully.

1. Debtor's exact full legal name - insert only one debtor name (1a or 1b) - do not abbreviate or combine names.

	1a Organization's Name				
OR	1b Individual's Last Name (and Title of Lineage (e.g. Jr. Sr., III, if applicable)	First Name	Middle Name		
1c Mailing Address	City	State	Postal Code	Country	
1d Tax ID #: SSN or EIN	Add'l info re Organization Debtor:	1e Type of Organization	1f Jurisdiction of Organization	1g Organizational ID # if any ☐ None	

2. Additional debtor's exact full legal name - insert only one debtor name (2a or 2b) - do not abbreviate or combine names.

	2a Organization's Name				
OR	2b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr. III), if applicable)	First Name	Middle Name		
2c Mailing Address	City	State	Postal Code	Country	
2d Tax ID #: SSN or EIN	Add'l info re Organization Debtor:	2e Type of Organization	2f Jurisdiction of Organization	2g Organizational ID #, if any ☐ None	

3. Secured Party's Name (or Name of Total Assignee of Assignor S/P) - insert only one secured party name (3a or 3b)

	3a Organization's Name			
OR	3b Individual's Last Name (and Title of Lineage (e,g. Jr., Sr., III), if applicable	First Name	Middle Name	
3c Mailing Address	City	State	Postal Code	Country

4. This FINANCING STATEMENT covers the following collateral:

5a Check if applicable and attach legal description of real property: ☐ Fixture filing ☐ As-extracted collateral ☐ Standing timber constituting goods
☐ The debtor(s) do not have an interest of record in the real property (Enter name of an owner of record in 5b)

5b Owner of real property (if other than named debtor)

6a Check only if applicable and check only one box
☐ Debtor is a Transmitting Utility. Filing is Effective Until Terminated
☐ Filed in connection with a public finance transaction. Filing is effective for 30 years

6b Check only if applicable and check only one box
Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

7. ALTERNATIVE DESIGNATION (If applicable):
☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC-FILING

8. Name and Phone Number to contact filer

9. Send Acknowledgment To: (Name and Address)

10. The space below is for Filing Office Use Only

11. ☐ CHECK TO REQUEST SEARCH REPORT(S) ON DEBTORS
(ADDITIONAL FEE REQUIRED) ☐ ALL DEBTORS ☐ DEBTOR1 ☐ DEBTOR2

Limited Power of Attorney

Date:_____

I, _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION