

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

Mail or Fax to: Louisiana Department of Revenue Revenue Processing Center Special Tax Programs Unit P.O. Box 4998, Baton Rouge, LA 70821-4998

For Questions: Phone: (855) 307-3893 Email: Sales.inquiries@La.gov

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			Federal Employer Identification Number	
Louisiana Used Motor Vehicle Commission License Number			LUMVC License Expiration Date (mm/dd/yyyy)	
Dealer Location				
City			State	ZIP
Dealer Mailing Address				
City			State	ZIP
Ownership Information				
Type of Ownership (Select one.): ☐ Sole Proprietor/Individual ☐ Partnership	☐ Limited Partnership (LP)☐ Limited Liability (LLC)	☐ Corporation (CORP) ☐ 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 S	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	itle		
Authorized Signature	Date (mm/dd/yyyy)			