



**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
Fax: (225) 237-6762
For Questions:
Phone: (855) 307-3893
Email: Sales.inquiries@La.gov

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 <i>(if applicable)</i>	
Motor Vehicle Dealer Trade Name		Federal Employer Identification Number	
Louisiana Used Motor Vehicle Commission License Number		LUMVC License Expiration Date <i>(mm/dd/yyyy)</i>	
Dealer Location			
City		State	ZIP
Dealer Mailing Address			
City		State	ZIP

Ownership Information			
Type of Ownership <i>(Select one.):</i>			
<input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Corporation (CORP)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	
Entity Name <i>(if applicable)</i>		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 <i>(Please print.)</i>	Title
Authorized Signature	Date <i>(mm/dd/yyyy)</i>