



Public Projects Contractor/Subcontractor
Sales Tax Certification and Exemption Application
Louisiana Revised Statute 47:305.7(A)(1)(b)

For questions about this form, please contact:
 Louisiana Department of Revenue
 Taxpayer Compliance - SES Division
 Phone: (855) 307-3893
 Email: LDRSales.ExemptionApplications@la.gov

This form is for use by contractors and subcontractors when applying for certification and exemption from the collection of sales tax in accordance with La. R.S. 47:305.7(A)(1)(b).

Please complete the application below and return it via email to LDRSales.ExemptionApplications@la.gov along with a copy of the executed contract.

Applicant Information			
Contractor Legal Name		LDR Sales Tax Account Number	
Contractor Trade Name			
Physical Address	City	State	ZIP
Mailing Address	City	State	ZIP
Contact Person	Contact Number		
Email Address			

Public Entity Information	
Public Entity	LDR Sales Tax Account Number (if applicable)

Contract Information		
Contract Number	Contract Beginning Date (mm/dd/yyyy)	Contract End Date (mm/dd/yyyy)
Contract Description		

Please select the legal status of the public entity listed above:

- | | |
|--|---|
| <input type="checkbox"/> State agency, board, or commission | <input type="checkbox"/> Parish school board or public school |
| <input type="checkbox"/> Municipal government or instrumentality thereof | <input type="checkbox"/> Law enforcement district |
| <input type="checkbox"/> Public charter school (La. R.S. 17:3971-4001) | <input type="checkbox"/> Waterworks district |
| <input type="checkbox"/> Hospital service district | <input type="checkbox"/> Parish and municipal libraries |
| <input type="checkbox"/> Public housing authority | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parish government or instrumentality thereof | |

Under the penalty of perjury, I declare that I am authorized to sign this application on behalf of the above named contractor, and that I have examined this application, and to the best of my knowledge, it is true, correct, and complete.

Name (Please print)	Title
Signature	Date (mm/dd/yyyy)

A copy of the contract with all parties' signatures must be attached to the application. Failure to provide a copy of the contract will result in delays in the evaluation process.