LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS OFFICE OF MOTOR VEHICLES P. O. Box 64886 Baton Rouge, LA 70896-4886

APF	LICATION	FOR PE	RMIT TO D	ISMANT	LE VEHICL	E
FULL NAME (must be identical to	name on lie	cense)				
ADDRESS			PARISH			
CITY/STATE/ZIP		···				
VIN			LICENSE NO.			EXP, YEAR
MAKE	YEAR	MODEL	BOD'			STYLE
Application is hereby made			unk) the fo	llowing	described	vehicle as evidenced by
duly assigned Certificate o which is attached and surreleased. The current licer	endered	for cance	ellation. A returned for	Il mortga or cance	ages show llation.	n on the title have been
Signature of Owner/Recycler				A.D. # (if applicable)		

DPSMV 1633 (R/3/01)