

Louisiana Department of Public Safety and Corrections



PUBLIC SAFETY SERVICES OFFICE OF MOTOR VEHICLES

VEHICLE DISPOSITION

I _____ certify the _____
Printed name of vehicle owner (year, make)

with V.I.N. _____ was:
(Full V.I.N., if available)

- | | |
|---|---|
| <input type="checkbox"/> SOLD | <input type="checkbox"/> REPOSSESSED |
| <input type="checkbox"/> TRADED | <input type="checkbox"/> LEASE RETURN |
| <input type="checkbox"/> REGISTERED OUT OF STATE | <input type="checkbox"/> DONATED |
| <input type="checkbox"/> STOLEN | <input type="checkbox"/> ABANDONED |
| <input type="checkbox"/> SHIPPED OUT OF THE COUNTRY | <input type="checkbox"/> TOTALED |
| <input type="checkbox"/> JUNKED/SALAVAGED | <input type="checkbox"/> SEIZED |
| <input type="checkbox"/> PLATE CANCELLED | <input type="checkbox"/> RESCINDED/CANCELLED SALE |

The above was: (select one)

- prior to the insurance canceling or on _____
DATE

NOTE: La.R.S. 14:133 provides in part that the filing of false public records includes the filing or depositing for record in any public office or with any public official, any document containing a false statement or false representation of a material fact. Whoever commits the crime of filing false public records shall be imprisoned for not more than five years with or without hard labor or shall be fined up to five thousand dollars, or both.

By my signature affixed below, I certify under penalty of law that all of the information on this statement is true and correct.

SIGNATURE

DATE

DL # OF VEHICLE OWNER

MVCA/PTA AND BADGE

"YOU DRINK & DRIVE, YOU LOSE"
P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886
(225)925-6146 www.expresslane.org