

R. Kyle Ardoin
Secretary of State



MOTOR VEHICLE SERVICE CONTRACT PROVIDER APPLICATION

R.S. 51:3163

Enclose Filing Fee
\$600 Initial Registration
\$250 Renewal Registration
Make remittance payable to Secretary of State
Do Not Send Cash

Return to: Commercial Division
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (225) 925-4704
Web Site: www.sos.la.gov

STATE OF _____

PARISH/COUNTY OF _____

Initial Registration

Renewal Registration

Amended Registration

MOTOR VEHICLE SERVICE CONTRACT PROVIDER'S INFORMATION:

Applicant Name: _____
As registered with Louisiana Secretary of State

Address: _____
*Principal Office in state of organization
(Include City, State and Zip Code)*

Mailing Address: _____
(Include City, State and Zip Code)

CONTACT PERSON'S INFORMATION:

Name: _____

Address: _____
(Include City, State and Zip Code)

REGISTERED AGENT'S INFORMATION:

Name: _____

Address: _____
(Include City, State and Zip Code)

OFFICERS, DIRECTORS AND OWNERS

Provide the names and addresses of all officers, directors and owners of 10% or more of the business, as required by R.S. 51:3163(B). Provide an addendum if additional space is needed.

1. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

2. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

3. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

4. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

5. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

6. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

7. Name: _____

Address: _____

(Include City, State and Zip Code)

Position: _____ Ownership Percentage: _____

Signature of Applicant or Authorized Representative: _____

Printed Name of Applicant or Authorized Representative: _____

On this _____ day of _____, 20____, before me, personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.

Notary Signature, Printed Name, and Notary/Bar Roll Number

AGENT’S ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named entity.

Registered agent(s) signature(s):

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

Notary Signature, Printed Name, and Notary/Bar Roll Number

INSTRUCTIONS

1. The initial registration form must be completely filled out and submitted to the Secretary of State's office along with a copy of its organizational documents (Articles of Incorporation, Articles of Organization, Articles of Association, Partnership Agreement), a reimbursement insurance policy issued by a company licensed to do business in Louisiana, and the filing fee of \$600.
2. The provider must be registered with the Louisiana Secretary of State's office and must be in good standing.
3. The registration is effective for two years. The renewal application must be submitted to the Secretary of State's office, along with the reimbursement insurance policy, ninety days prior to the expiration of the registration. The renewal registration fee is \$250.
4. Changes to the registration form can be made by filing an amended registration, accompanied by supporting documentation (amendments to the Articles of Incorporation, Articles of Organization, Articles of Association or Partnership Agreement), with the Secretary of State's office within 60 days of the effective date of the change. If the amendment is not due to any changes to the organizational documents, a statement to the fact can be submitted. There is no fee to amend the registration.