



# Department of Public Safety and Corrections

## Public Safety Services

JOHN BEL EDWARDS  
GOVERNOR

JOHN W. ALARIO  
EXECUTIVE DIRECTOR

### RECIPROCAL EXAMINATION APPLICATION FORM

We are applying for a Card of Competency with Louisiana for the following employee(s) under a reciprocal examination agreement. Attached is a letter or a copy of the reciprocal state's current certification card, or similar instrument acceptable to Louisiana.

**NOTE:** The following conditions must be met for the card(s) to be issued:

1. Employer must hold a valid permit in Louisiana.
2. Employee must hold a current certification (card) in the reciprocal state in the same job classification as being applied for in Louisiana.
3. Applicable fees must be transmitted with this application (\$20.00 per card).
4. A copy of the employee's driver's license must accompany request.
5. Name must match between application form, certification card, and driver's license.

Dealer Name \_\_\_\_\_  
 Dealer Address \_\_\_\_\_  
 \_\_\_\_\_  
 Dealer Number \_\_\_\_\_  
 \_\_\_\_\_

Employee Name _____	Employee Name _____
Job Classification _____	Job Classification _____
Reciprocal State _____	Reciprocal State _____

Employee Name _____	Employee Name _____
Job Classification _____	Job Classification _____
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Employee Name _____	Employee Name _____
Job Classification _____	Job Classification _____
Reciprocal State _____	Reciprocal State _____

Check/Money Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**CERTIFICATION: I certify that the above is true and correct and understand the conditions of the reciprocal examination.**

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING CERTIFICATION DATE