



JOHN BEL EDWARDS
GOVERNOR

DON P. ROBIN
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 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 _____ |
| Reciprocal State _____ | Reciprocal State _____ |

| | |
|--------------------------|--------------------------|
| 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