



LOUISIANA USED MOTOR VEHICLE COMMISSION  
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## EDUCATIONAL TRAINING SEMINAR REGISTRATION

(Please print clearly or type)

*This form must be completed and submitted prior to attending the seminar. You must be registered to attend the seminar. Our agency will notify you of the date in which you are scheduled. No one will be allowed to enter after 9:00 A.M.*

**IMPORTANT:** A separate registration form must be completed for each person attending.

1. Trade Name of Business: \_\_\_\_\_
2. Ownership: \_\_\_\_\_
3. Dealer Number (If Applicable): \_\_\_\_\_
4. Physical Address: \_\_\_\_\_  
 (Street) (City) (Parish) (Zip)
5. Mailing Address: \_\_\_\_\_  
 (If different from Physical) (Street/P.O. Box) (City) (Parish) (Zip)
6. Business Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_
7. Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_
8. Person Attending:  
 \_\_\_\_\_  
 Name Title

(Do not write below this line)

**FOR OFFICE USE ONLY**

Course Completed: Yes \_\_\_\_ No \_\_\_\_  
 Date Attended: Date: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
 Scheduled By: \_\_\_\_\_