



LOUISIANA USED MOTOR VEHICLE COMMISSION
 3132 Valley Creek Drive
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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.

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: _____