

**Louisiana Department of Public Safety/Corrections  
Office of Motor Vehicles**

**DESIGNATION OF MOBILITY IMPAIRED LICENSE PLATE**

I, \_\_\_\_\_ (mobility impaired individual), do hereby designate my special mobility impaired license plate to the following vehicle:

VEHICLE OWNER'S NAME: \_\_\_\_\_

VEHICLE YEAR, MAKE, & MODEL: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

SIGNATURE OF MOBILITY IMPAIRED  
INDIVIDUAL OR REPRESENTATIVE: \_\_\_\_\_

**ASSENT & ACCEPTANCE OF DESIGNATED PLATE BY VEHICLE OWNER**

I, \_\_\_\_\_ (name of vehicle owner), do hereby accept the license plate as herein designated on the described vehicle which is owned by me. I understand that this license plate may be cancelled at the will of the mobility impaired person upon rendering written notice to me and to the Department of Public Safety & Corrections. I further understand that I am required to surrender the plate to the department upon receiving such written notice, or upon the death of the mobility impaired person.

SIGNATURE OF VEHICLE OWNER: \_\_\_\_\_

**ASSENT & ACCEPTANCE OF DESIGNATED PLATE BY VEHICLE LESSEE**

I, \_\_\_\_\_ (name of lessee), do hereby accept the license plate as herein designated on the described vehicle which is leased by me. I understand that this license plate may be cancelled at the will of the mobility impaired person upon rendering written notice to me and to the Department of Public Safety & Corrections. I further understand that I am required to surrender the plate to the department upon receiving such written notice, or upon the death of the mobility impaired person.

SIGNATURE OF LESSEE: \_\_\_\_\_

**Plate No.:** \_\_\_\_\_ **Office No.** \_\_\_\_\_ **Operator Code** \_\_\_\_\_ **Issue Date** \_\_\_\_\_