



Louisiana Department of Public Safety and Corrections  
Office of Motor Vehicles  
**Child Safety Seat Affidavit (DPSMV3027)**

I, \_\_\_\_\_ have acquired an approved  
First Name Middle Name Last Name  
age-appropriate or size-appropriate child restraint system, in accordance with RS:32:295, and  
have complied with all other requirements of reinstatement, as provided by law and  
department regulation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_ Parish and State of  
Louisiana aforesaid, hereby certify that \_\_\_\_\_  
First Name Middle Name Last Name

known to me to be the affiant in the foregoing affidavit, personally appeared before me this  
date and having been by me duly sworn deposed and said that the facts set forth in the  
above affidavit are true and correct.

Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



Notary Seal

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Number: \_\_\_\_\_

My Commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_.

This form must be mailed to the following address. The form cannot be emailed or faxed.

*Office of Motor Vehicles  
P.O. Box 64886  
Baton Rouge, La 70896*

*Attention: Compulsory Insurance Unit*