

CHILD SAFETY SEAT AFFIDAVIT
RS 32§414 T

I _____ have acquired an approved age- or size-
Last Name First Name Middle Name

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 Drivers License Number

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

(SEAL) _____
Notary Public Number

My Commission expires:
____ / ____ / _____.