

	<b>Application for Certification as a Political Subdivision for Sales/Use Tax Exclusion</b>
	<b>Please mail completed application and copy of applicable law to :</b> Louisiana Department of Revenue Taxpayer Services Division P.O. Box 66362 Baton Rouge, LA 70896-6362

**PLEASE PRINT OR TYPE.**

Political Subdivision	Louisiana Department of Revenue Registration No. (if applicable)	
Address		
City	State	ZIP

The above referenced entity does hereby certify that the entity is a public agency of the State of Louisiana with legal status as one of the following:

- State agency, board or commission
- Municipal government or instrumentality thereof
- Public Charter School (R.S. 17:3971-4001)
- Hospital service district
- Public housing authority
- Parish government or instrumentality thereof
- Parish school board or public school
- Law enforcement district
- Waterworks district
- Parish and municipal libraries
- Other \_\_\_\_\_

Purchases of tangible personal property and taxable services, and/or leases and rentals of tangible personal property by the above referenced political subdivision are totally exempted from the sales tax levied by the State as provided by R.S. 47:301(8)(c). The Louisiana Constitution, Article VI, §44(2) defines a political subdivision as "a parish, municipality, and any other unit of local government, including a school board and a special district, authorized by law to perform governmental functions".

The authorized person for the political subdivision certifies that the entity meets the criteria for the sales tax exclusion under R.S. 47:301(8)(c), and if sales tax is later found to be due, the entity will be responsible for any tax liabilities.

**A copy of the state law or local ordinance creating the political subdivision MUST be attached for review by the Louisiana Department of Revenue.**

Signature of Authorized Agent	
Authorized Agent	Title
Signature X	Date (mm/dd/yyyy)

For Official Use	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Louisiana Exemption Identification Number
Signature of Department Representative X	Date (mm/dd/yyyy)