



Louisiana Department of Revenue

Application for Certification as a "Manufacturer"
In Accordance with Louisiana Revised Statute 47:301(3)(i),
for Exclusion of Louisiana State Sales Tax on Purchases, Importations,
Leases and Rentals of Qualified Manufacturing Machinery and Equipment

Owner Name: _____ Trade Name: _____

Location Address: _____

Mailing Address: _____

Louisiana Sales or Withholding Tax Account Number: _____

Sales: _____ Withholding: _____

Louisiana Department of Labor Employer Account File Number: _____

North American Industrial Classification System Code, as issued by the Louisiana Department of Labor:

Description of Business: (Attach extra page if necessary.) _____

Finished goods produced: _____

Signature of Owner/Officer

Title

Submit to:
Louisiana Department of Revenue
Taxpayer Services Division
P.O. Box 201
Baton Rouge, La. 70821-0201