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STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
Application for Mississippi Driver License/ID

(To be completed by applicant in black ink or typed)

UNDER 17 YEARS OLD MUST SHOW A CERTIFIED BIRTH CERTIFICATE, SOCIAL SECURITY CARD, SCHOOL FORM, TWO (2) PROOFS OF RESIDENCE, AND THIS APPLICATION MUST BE SIGNED BY BOTH PARENTS AND NOTARIZED (SEE BOTTOM OF THIS FORM). OUT-OF-STATE LICENSED DRIVERS MUST PRESENT OUT- OF-STATE LICENSE, SOCIAL SECURITY CARD (ISSUED BY SOCIAL SECURITY ADMINISTRATION), BIRTH CERTIFICATE, AND TWO (2) PROOFS OF RESIDENCE. ALL NAME CHANGES ON LICENSE MUST BE SUPPORTED BY APPROPRIATE DOCUMENTS SUCH AS MARRIAGE LICENSE, ADOPTION PAPERS, DIVORCE DECREE, OR COURT ORDER; ONLY ORIGINALS ARE ACCEPTABLE. CDL APPLICANTS MUST PRESENT A VALID MEDICAL EXAMINER'S CERTIFICATE BEFORE COMMERCIAL LEARNER'S PERMIT (CLP) CAN BE ISSUED. APPLICANTS MUST HOLD COMMERCIAL LEARNERS PERMIT (CLP) FOR FOURTEEN (14) DAYS BEFORE CDL SKILLS TESTING CAN BE CONDUCTED.

PLEASE MAKE YOUR SELECTION BELOW

Form with columns: LICENSE, PERMIT, ID, OTHER, RESTRICTIONS, ENDORSEMENTS. Includes checkboxes for Regular Driver License, Light Commercial, Commercial Driver License, Learner's Permit, Driver's Ed Learner's Permit, Motorcycle Permit, Commercial Learner's Permit, State ID card, Disability ID card, Blind ID card, Name or Address Change, Update Address Notification, P-Passenger, T-Doubles/Triples, S-School Bus, H-Hazmat, N-Tank, L-Motorcycle.

PERSONAL INFORMATION

MS License/ID/Permit Number: [] Social Security Number: []

Legal Name:

Last: [] First: [] Middle/Maiden: [] Suffix: []
Date of Birth: (Mo/Day/Year) [] Sex: [] Hair: [] Eyes: [] Height (ft/in): [] Weight (lbs): [] Race: [] Ethnicity: [] Age: []
Place of Birth: (City, State, Country) []

Residential Address: [] Check here if this address is not to be used for voter registration purposes.

Street 1: [] City: []
Street 2: [] State: [] ZIP: []

Mailing Address (if different than Residential Address):

Street 1: [] City: []
Street 2: [] State: [] ZIP: []

Contact Information:

Home Phone: [] Cell Phone (required if Text Messaging is requested): [] Work Phone: []
Email Address: []

Contact Preference:

Please indicate how you would like to be contacted. This will become the default method for how we communicate with you: [] Text Msg [] Email [] US Mail

YES NO

ANSWER THE QUESTIONS BELOW:

- 1. [] [] Have you ever held a driver license or ID card in Mississippi or any other state? If YES, What state? _____
When? _____ ID or DL Number: _____
2. [] [] Has your license or driving privilege ever been suspended, revoked or cancelled? If YES, What state? _____
When? _____ DL Number: _____ For what reason? _____
3. [] [] Have you ever been denied a license? If YES, Why?

4. [] [] Are you a United State Citizen? (If NO, you must present your valid Immigration documents)
5. [] [] If you are a veteran of the US Armed Forces, do you wish to have a Veteran Indicator printed on your driver license
(Special Documentation Required)?
6. [] [] Are you hearing impaired?
[] [] If YES, would you like an indicator for your condition on your license/ID?
7. [] [] Do you have diabetes?
[] [] If YES, would you like an indicator for your condition on your license/ID?
8. [] [] Do you wish to have an Autism Spectrum Disorder indicator on your license/ID?

SELECTIVE SERVICE

By submitting this application, I am consenting to registration with the Selective Service System, if so required by law when I reach eighteen years of age. Any male who is at least eighteen (18) years of age but less than twenty-six (26) years of age and who applies for a permit or license or a renewal of a permit or license shall be registered in compliance with the requirements of Section 3 of the Military Selective Service Act 50 USCS Appx 451 et seq. as amended.

The applicant's submission of the application shall serve as an indication that the applicant either has already registered with the Selective Service System or that he is authorizing the department to forward to the Selective Service System the necessary information for registration. Submission of the application will serve as his consent to registration with the Selective Service System, if so required. Any male applicant under the age of eighteen (18) will be registered upon turning age eighteen (18) as required by federal law.

ORGAN/TISSUE DONOR

Do you wish to be or continue to be registered as an organ & tissue donor? You must be 18 yrs. of age or older. Yes No

VOTER REGISTRATION

Would you like to apply to register to vote or update your existing voter registration?

If you choose to register to vote or have your existing voter registration updated with your current information, you must meet all the conditions in the Voter Declaration below. The office at which you register to vote is confidential and will be used only for voter registration purposes.

VOTER DECLARATION

I swear/affirm that:

- I am a U.S. citizen,
- I am at least eighteen (18) years old (or I will be before the next general election),
- I will have lived in this state and county for at least 30 days before voting, and if a resident of a municipality, I will have lived in the municipality for at least 30 days before voting.
- I have never been convicted of murder, rape, bribery, theft, arson, obtaining money or goods under false pretense, perjury, forgery, embezzlement, or bigamy, or I have had my rights restored as required by law,
- I have not been declared mentally incompetent by a court.

Furthermore, I certify that the information given by me is true and correct and that I have truly answered all questions on the application for registration, and that I will faithfully support the Constitution of the United States and of the State of Mississippi, and will bear true faith and allegiance to the same.

Sign here ONLY if you choose to register to vote or have your voter registration updated.

Signature: _____

The penalty for conviction of false registration under MS Code §97-13-25 is imprisonment in the State Penitentiary for not more than five (5) years, or to be fined not more than Five Thousand Dollars (\$5,000), or both.

SEX OFFENDER REGISTRATION

Notice: Persons who are convicted of any registerable sex offense must report to the Sheriff of the county of their residence and also the DPS for appropriate sex offender registration. Authority: MCA 45-33-27. I acknowledge that I have read and understand the requirement to register as a Sex Offender as set forth above.

CANCELLATION OF DL/CDL/ID CARD FROM ANOTHER JURISDICTION

I understand that, upon issuance of a Driver License or Identification Card in the State of Mississippi, any driver license or identification card previously issued by another state will be cancelled. I also understand that if a driver license or identification card is later issued in another state, my Mississippi Driver License or Identification Card will be cancelled.

AFFIRMATION/SIGNATURE

I DO SOLEMNLY SWEAR/AFFIRM THAT, UNDER THE PENALTIES OF PERJURY, I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. ALSO, BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE LICENSE CLASS I HAVE REQUESTED IS REPRESENTATIVE OF THE VEHICLE CLASS I INTEND TO DRIVE. FURTHER, I UNDERSTAND THAT, IF I CURRENTLY HOLD A COMMERCIAL DRIVER LICENSE BUT HAVE NOT SELECTED A SIMILAR CDL LICENSE, I WILL BE DOWNGRADED TO A REGULAR LICENSE.

_____/_____/_____
USUAL Signature of Applicant Date

UNDER 17 YEARS OF AGE

THE UNDERSIGNED AGREE TO ACCEPT THE RESPONSIBILITY FOR ANY NEGLIGENCE OR WILLFUL MISCONDUCT OF THE PERSON NAMED IN THIS APPLICATION WHILE HE/SHE IS OPERATING A MOTOR VEHICLE AND TO BE LIABLE FOR DAMAGES RESULTING FROM SUCH MISCONDUCT OR NEGLIGENCE.

Under 17	SIGNATURE OF BOTH PARENTS OR PROVIDE REASON FOR NOT SIGNING <input type="checkbox"/> Divorce <input type="checkbox"/> Deceased <input type="checkbox"/> Other		OPERATOR'S LICENSE NO.	ADDRESS IF DIFFERENT THAN APPLICANT
	FATHER/Parental Guardian			
	MOTHER/Parental Guardian			
	Subscribed and sworn to before me:			
	_____ Date	_____ Official Signature and Seal of Notary	_____ Title	