

## **STATE OF MISSISSIPPI**

DEPARTMENT OF PUBLIC SAFETY

0123456789 0123456789

## **Application for Mississippi Driver License**

To be completed by applicant in black ink

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.

PLEASE MAKE YOUR SELECTION BELOW												
Licenses	Permits			ID's					Other			
Regular DL (Class R) Class D Intermediate	Driver's Ed Learner's Pe			State ID card Disability ID card Blind ID card				☐ Name or Address Change ☐ Update Address Notification – No card				
Personal Information												
MS License/ID/Permit Number: Social Security Number:												
Legal Name:												
Last:	First:	irst: M			iddle/Maiden:					Suffix:		
1	ender:	Hair: Eyes:		Height		ght:	Weight:	Race:		Ethnicity:	Age:	
(Mo/Day/Year)												
Place of Birth: (City, State, Country	у)				T							
Residential Address:												
Street 1:												
Street 2:					+	State; ZIP:						
Mailing Address (if different than Residential Address):  Street 1: City:												
012												
Street 2:						State: ZIP:						
Contact Information:	2 11 DI		I w l n	1			T B N 1					
Home Phone: Cell Phone: W				Work Phone: Fax Number			er:					
Email Address:			Emergency Contact Name:			Name:	Relationship:			Phone Number:		
Contact Preference. Please indicate how you would like to be contacted. This will become the default method for how we communicate with you.									you.			
□ Email □ US Mail •												
		A!	NSWER T	HE QUE	STIC	ONS BEL	OW:					
YES NO 1.	ald a driver	licance or ID car	d in Missi	ssinni o	ranı	, other st	ato or country	9				
100												
	What state (or country)? When? ID or DL Number: Has your license or driving privilege ever been suspended, revoked, or cancelled? If YES, what state?											
When? DL Number: For what reason?												
4. Are you a United States Citizen? (If NO, you must present your valid Immigration documents)												
			-	-		_		-	cle safel	y?		
5. Do you have any physical defect(s) which would interfere with your ability to operate a motor vehicle safely?  If YES, explain:												
6.												
If YES, would you like an indicator for your condition on your license/ID?												

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P.O Box 958, Jackson, MS 39205-0958 Phone: (601) 987-1224 www.dps.state.ms.us

By subrof age. renewa	ve Service nitting this application, I am consenting to registration with the S Any male who is at least eighteen (18) years of age but less than t I of a permit or license shall be registered in compliance with the 51 et seq., as amended.	wenty-six (26) years of age and wl	ho applies for a permit or license or a			
System of the a	olicant's submission of the application shall serve as an indication or that he is authorizing the department to forward to the Selecti pplication will serve as his consent to registration with the Select n (18) will be registered upon turning age eighteen (18) as requi	ve Service System the necessary in ive Service System, if so required.	nformation for registration, Submission			
	Indicator					
If you ar	e a veteran of the U.S. Armed Forces, do you wish to have a Veteran In	dicator printed on your driver licens	e? Yes No			
1 .	Fissue Donor					
Do you v	wish to be or continue to be registered as an organ & tissue donor? You	must be 18 yrs. of age or older. Ye	s No			
in .	egistration					
Would y	you like to apply to register to vote or update your existing voter i	egistration?				
	f you choose to register to vote, the office at which the applicant subm voter registration purposes.	its a voter registration application w	rill remain confidential and will be used			
VOTER	DECLARATION - READ AND SIGN					
I swear/affirm that: I am a U.S. citizen. 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 I am at least eighteen (18) years old (or I will be before the next general election), the information given by me is true and correct and that I have truly answered all questions on this 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.						
<b>PENALTIES PROVIDED BY LAW FOR SUBMISSION OF A FALSE VOTER REGISTRATION APPLICATION</b> ; The penalty for conviction of false registration is imprisonment for not more than five (5) years or a fine of not more than five thousand dollars (\$5000), or both. Miss. Code Ann § 23-15-17.						
No  If you decline to register to vote, your decision not to register will remain confidential and will be used only for voter registration purposes.  IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.						
Signatur	e:		Date:			
Refuse	☐ Witness:		Date:			
Sex Offe	nder Registration					
appropi Sex Offe	Persons who are convicted of any registerable sex offense must re riate sex offender registration. Authority: MCA 45-33-27. I ackno nder as set forth above.					
	tion/Signature					
	EMNLY SWEAR/AFFIRM THAT I AM THE PERSON NAMED AND DE JE AND CORRECT:	SCRIBED HEREIN AND THAT THE	STATEMENTS ON THIS APPLICATION			
USUAL :	Signature of Applicant					
	7 Years of Age					
THE UNI APPLICA NEGLIGI	DERSIGNED AGREE TO ACCEPT THE RESPONSIBILITY FOR ANY NE ATION WHILE HE/SHE IS OPERATING A MOTOR VEHICLE AND TO I ENCE.	GLIGENCE OR WILLFUL MISCOND BE LIABLE FOR DAMAGES RESULT	UCT OF THE PERSON NAMED IN THIS ING FROM SUCH MISCONDUCT OR			
Under	SIGNATURES OF BOTH PARENTS OR REASON FOR NOT SIGNING Divorced Deceased Other	OPERATOR'S LICENSE NO.	ADDRESS IF DIFFERENT			
17	FATHER/Parental Guardian					
	MOTHER/Parental Guardian					
	Subscribed and sworn To before me.	L.				

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Signature

Date

Title