STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY

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 DECREES, OR COURT ORDER; ONLY ORIGINALS ARE ACCEPTABLE.

PLEASE MAKE YOUR SELECTION BELOW

<table>
<thead>
<tr>
<th>Licenses</th>
<th>Permits</th>
<th>ID’s</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular DL (Class R)</td>
<td>Learner’s Permit</td>
<td>State ID card</td>
<td>Name or Address Change</td>
</tr>
<tr>
<td>Class D</td>
<td>Driver’s Ed Learner’s Permit</td>
<td>Disability ID card</td>
<td>Update Address Notification - No card</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Motorcycle Permit</td>
<td>Blind ID card</td>
<td></td>
</tr>
</tbody>
</table>

Personal Information

MS License/ID/Permit Number:

Social Security Number:

Legal Name:

Last: First: Middle/Maiden: Suffix:

Date of Birth (Mo/Day/Year):

Gender: Hair: Eyes: Height: Weight: Race: Ethnicity: Age:

Place of Birth: (City, State, Country)

Residential Address: ☐ 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: Work Phone: Fax Number:

Email Address: Emergency Contact 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.
☐ Email ☐ Phone

ANSWER THE QUESTIONS BELOW:

YES NO

1. ☐ ☐ Have you ever held a driver license or ID card in Mississippi or any other state or country?
   What state(s) or country? ___ 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 States Citizen? (If NO, you must present your valid immigration documents)

5. ☐ ☐ Do you have any physical defect(s) which would interfere with your ability to operate a motor vehicle safely?
   If YES, explain: ___

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? ___
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.

Veteran Indicator
If you are a veteran of the U.S. Armed Forces, do you wish to have a Veteran Indicator printed on your driver license?  Yes ☐ No ☐

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?

Yes ☐ If you choose to register to vote, the office at which the applicant submits a voter registration application will remain confidential and will be used only for voter registration purposes.

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.

PENALTIES PROVIDED BY LAW FOR SUBMISSION OF A FALSE VOTER REGISTRATION APPLICATION: 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.

Signature: ___________________________ Date: ___________________________

Refuse ☐ Witness: ___________________________ Date: ___________________________

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 to 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.

Affirmation/Signature
I DO SOLEMNLY SWEAR/AFFIRM THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT:

USUAL Signature of Applicant

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.

<table>
<thead>
<tr>
<th>Under 17</th>
<th>SIGNATURES OF BOTH PARENTS OR REASON FOR NOT SIGNING</th>
<th>OPERATOR'S LICENSE NO.</th>
<th>ADDRESS IF DIFFERENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Divorced ☐ Deceased ☐ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FATHER/Parental Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTHER/Parental Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subscribed and sworn To before me:

_____________________________ Signature ___________________________

Date ____________ Title ___________________________

FRM-CRED-001 Version 2.22