



STATE OF MISSISSIPPIDEPARTMENT OF PUBLIC SAFETY

COMMERCIAL DRIVER LICENSE DOWNGRADE APPLICATION

To be completed by applicant in black ink

I hereby certify on this keep my Class, CDL license that if I downgrade my CDL licen must appear in person before the reasons I may downgrade at a CI reason(s), I have (18) months frof federal regulations. By signing below I have reasons in the signing below I have reasons I ha	se due to violate appointed hea DL station. I have the downgra	ions regulated aring official of re further beer ade date to ren	l under the fede the Mississippi I advised by a d ew my CDL stat	eral motor carr i department o ps official that ous without ha	rier act title 49, part § 383.51, I of public safety. for all other by downgrading my CDL for any ving to retest, as long as I meet
Signature			Date	_//_	_
Driver License Number					
License Examiner / Official			Id #		≕
(Hearing officer use only-if applic	able)				
Downgrade type	Badge #			CDL elig	bility date/
Suspension months: (circle one)	30 days	60 days	90 days	120 days	1 year (list)