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STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY

COMMERCIAL DRIVER LICENSE
DOWNGRADE APPLICATION

To be completed by applicant in black ink

I hereby certify on this ___ day of ___, 20__ that I, _____, do not wish to keep my Class ____, CDL license. I would like to downgrade my driver license status to Class ____.

By signing below I have read the above statement and fully understand that action I am about to perform.

Signature _____ Date ___ / ___ / ___

Driver License Number _____

License Examiner / Official _____ Id # _____

(Hearing officer use only-if applicable)

Downgrade type _____ Badge # _____ CDL eligibility date ___ / ___ / ___

Suspension months: 30 days 60 days 90 days 120 days 1 year _____ (list)
(circle one)

For questions or information, contact Commercial Driver License

P.O. Box 958, Jackson, MS 39205-0958

Phone: (601) 987-1224 | www.dps.state.ms.us