



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY



POST OFFICE BOX 958
JACKSON, MISSISSIPPI 39205-0958

AFFIDAVIT OF INABILITY TO SURRENDER DRIVER LICENSE

STATE OF MISSISSIPPI
COUNTY OF _____

I, _____ (Name) being first duly sworn deposes and says that
I reside at : Address: _____ City: _____ State: _____ Zip: _____

Further, I am unable to surrender my _____ (State) _____ (DL Number)

because it is lost or _____ (Specify Reason) and that it is not suspended nor is it subject

to suspension or revocation and in the event that said _____ Driver License (State)

hereafter comes into my possession, I will promptly surrender same to the nearest Mississippi Driver License Office. Failure to comply with this Affidavit will result in suspension of my Mississippi Driver License and driving privileges.

Further, I understand that Mississippi is a member of the Driver License Compact and that it is illegal to possess more than one driver license simultaneously.

(Signature) (Date)

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____ 20 _____

My Commission Expires: _____ (Notary Public)