

Mississippi Department of Public Safety
 Driver Service Bureau

APPLICATION FOR PROVISIONAL DRIVER'S LICENSE

| | | | | |
|-----------------------------|----------------------------------|---------------------------|--------------------------------|-------------------------|
| Date of Application: | License/ID/Permit Number: | State of Issuance: | Social Security Number: | Date of Release: |
| / / | | | | / / |

PERSONAL INFORMATION

| | | | | | | | | | |
|------------------------------|--|------|--------|-------|---------|----------------|-------|------------|---------|
| Last: | | | First: | | | Middle/Maiden: | | | Suffix: |
| Date of Birth: (Mo/Day/Year) | | Sex: | Hair: | Eyes: | Height: | Weight: | Race: | Ethnicity: | Age: |
| / / | | | | | ft. in. | lbs. | | | |

Residential Address upon Release:
 Street/Rural Route: _____ City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different from Residential Address):
 Street/P. O Box/Route: _____ City: _____ County: _____ State: _____ Zip: _____

QUALIFYING QUESTIONS

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|---|--|
| 1. Has the applicant ever held a Driver's License before? If "YES", please list what State(s): | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. If the answer to #1 is "Yes", what is the current status of this License? <input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Unknown | |
| 3. Is the applicant's driver's license currently suspended or revoked due to a DUI conviction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Has the applicant been convicted of operating a vehicle while intoxicated or under the influence of alcohol or drugs a total of three times or more? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Has the applicant ever been convicted of a vehicular homicide? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Has the applicant's driver's license been suspended, revoked, or cancelled as a result of any conviction pursuant to the Driver License Compact Law? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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 the DPS for appropriate sex offender registration. Authority: MCA 45-33-27.

AFFIRMATION/SIGNATURE

I DO SOLEMNLY SWEAR/AFFIRM THAT, UNDER THE PENALTIES OF PERJURY, I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

/ /

| | | |
|------------|------------------------|-------------------|
| PRINT Name | Signature of Applicant | Date (MM/DD/YYYY) |
|------------|------------------------|-------------------|

-IF APPROVED FOR THIS PROVISIONAL LICENSE, THE DRIVER IS ONLY AUTHORIZED FOR IN-STATE TRAVEL-