



# Mississippi Department of Public Safety

## Driver Service Bureau



### AFFIDAVIT FOR ROAD TEST WAIVER

§63-1-33, Mississippi Code Annotated 1972

APPLICANT \_\_\_\_\_  
 Last Name                                      First                                      Middle

ADDRESS \_\_\_\_\_  
 Street    City                                      State ZIP

DATE OF BIRTH \_\_\_\_\_      AGE \_\_\_\_\_      SSN \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Teacher/Guardian), attest that the above permit holder has held the permit for at least one year and has been given a minimum of 50 hours of driving instruction. I have given the necessary training and guidance to the above permit holder and attest to the permit holder's proficiency in the proper and safe operation of a motor vehicle.

**I DO SOLEMNLY SWEAR/AFFIRM THAT THE ABOVE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_/\_\_\_\_\_  
 Signature                                      Date                                      Title