STATE OF MISSISSIPPI

Request for Mississippi Hardship Driver License

Last:	First:	Middle:	Suffix:
Date of Birth (Mo/Day/Year):	Social Security Number:		Age:
Residential Address:			
Street 1:		City:	
Street 2:		State:	Zip:
Mailing Address if different from above:			
Home Phone:		Cell Phone:	
Email Address: (This is where we will send the approval or denial.)			

Reason for Hardship Request:

☐ **School Transportation** (include Sports/Extra-curricular activity schedule as an attachment):

School:	Phone Number:
Address of School:	
Time Classes Start: / End:	Days:

☐ **A death-related emergency:**

Name of Deceased:
Relationship to applicant:
Date of Death:

☐ **Assistance with Transportation of Siblings:**

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

☐ **Medical Needs** (attach letter from doctor):

☐ **Work Requirement:**

Employed by:	Work Hours:
Address:	Work Phone:
Signature of Employer:	

☐ **Family Business Requirement (farm included):**

Name of Business:	Work Hours:
Address:	Work Phone:
Signature of Employer:	

☐ **Other**- Please describe the reasoning in the Applicants Narrative on the following page.

Forms to Attach:

- ☐ Certified Driver's Education Course Certificate **(REQUIRED)**
- ☐ School Attendance Form **(REQUIRED)**
- ☐ Letter from Doctor (if applicable)
- ☐ Sports/Extra-Curricular Activity Schedule (if applicable)

Applicants Narrative: Please explain your reasoning behind applying for a Hardship Driver's License. (REQUIRED)

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. ALSO, BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE LICENSE CLASS I HAVE REQUESTED IS REPRESENTATIVE OF THE VEHICLE CLASS I INTEND TO DRIVE.

I FURTHER UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I HAVE SECURED LIABILITY INSURANCE FOR THE VEHICLE I INTEND TO DRIVE.

_____ _____

USUAL Signature of Applicant **Date**

PARENT or GUARDIAN:

THE UNDERSIGNED AGREE TO ACCEPT THE RESPONSIBILITY FOR ANY NEGLIGENCE OR WILLFUL MISCONDUCT OF THE PERSON NAMED IN THIS APPLICATION WHILE HE/SHE IS OPERATING A MOTOR VEHICLE AND TO BE LIABLE FOR DAMAGES RESULTING FROM SUCH MISCONDUCT OR NEGLIGENCE. THE UNDERSIGNED FURTHER SUBMIT THAT LIABILITY INSURANCE HAS BEEN SECURED, AND THE NAMED POLICY HOLDER ON THAT INSURANCE POLICY IS AWARE THIS HARDSHIP APPLICATION IS BEING SUBMITTED FOR REVIEW. **If parents are divorced and only one parent signs the application court order regarding child custody will be required.**

SIGNATURE OF BOTH PARENTS OR PROVIDE REASON FOR NOT SIGNING ☐ DIVORCE ☐ DECEASED ☐ OTHER	OPERATORS LICENSE NO.	ADDRESS IF DIFFERENT FROM APPLICANT
FATHER/ Parental Guardian		
MOTHER/ Parental Guardian		

Subscribed and sworn before me:

_____

_____ _____ _____

Date Official Signature and seal of Notary Title

Please submit this form along with the other required documents through our online submission portal for approval.