



**STATE OF MISSISSIPPI  
DEPARTMENT OF PUBLIC SAFETY**

**Request for Mississippi Hardship Driver License**

|                                     |               |                                |                |
|-------------------------------------|---------------|--------------------------------|----------------|
| <b>Last:</b>                        | <b>First:</b> | <b>Middle:</b>                 | <b>Suffix:</b> |
| <b>Date of Birth (Mo/Day/Year):</b> |               | <b>Social Security Number:</b> | <b>Age:</b>    |
| <b>Residential Address:</b>         |               |                                |                |
| <b>Street 1:</b>                    |               | <b>City:</b>                   |                |
| <b>Street 2:</b>                    |               | <b>State:</b>                  | <b>Zip:</b>    |
| <b>Home Phone:</b>                  |               | <b>Cell Phone:</b>             |                |
| <b>Email Address:</b>               |               |                                |                |

**Reason for Hardship Request:**

**School transportation (include Sports/ Extra-curricular activity schedule)**

|                            |                      |              |  |
|----------------------------|----------------------|--------------|--|
| <b>School:</b>             | <b>Phone Number:</b> |              |  |
| <b>Address of School:</b>  |                      |              |  |
| <b>Time Classes Start:</b> | <b>End:</b>          | <b>Days:</b> |  |

**A death-related emergency:**

|                                  |                       |
|----------------------------------|-----------------------|
| <b>Name of Deceased:</b>         |                       |
| <b>Relationship to Deceased:</b> | <b>Date of Death:</b> |

**Assistance with Transportation of Siblings**

|              |             |
|--------------|-------------|
| <b>Name:</b> | <b>Age:</b> |
| <b>Name:</b> | <b>Age:</b> |
| <b>Name:</b> | <b>Age:</b> |
| <b>Name:</b> | <b>Age:</b> |
| <b>Name:</b> | <b>Age:</b> |

**Medical Needs (letter from doctor attached)**

**Work Requirement**

|                               |                    |
|-------------------------------|--------------------|
| <b>Employed by:</b>           | <b>Work Hours:</b> |
| <b>Address:</b>               | <b>Work Phone:</b> |
| <b>Signature of Employer:</b> |                    |

**Family Business Requirement (farm included)**

|                               |                    |
|-------------------------------|--------------------|
| <b>Name of Business:</b>      | <b>Work Hours:</b> |
| <b>Address:</b>               | <b>Work Phone:</b> |
| <b>Signature of Employer:</b> |                    |

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

**Forms to Attach:**

- Certified Driver's Education Course Certificate
- School Attendance Form
- 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.**

| AFFIRMATION/SIGNATURE   |   |   |
|---|---|---|
| <p>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. FURTHER, I UNDERSTAND THAT, IF I CURRENTLY HOLD A COMMERCIAL DRIVER LICENSE BUT HAVE NOT SELECTED A SIMILAR CDL LICENSE, I WILL BE DOWNGRADED TO A REGULAR LICENSE.</p> |   |   |
| <p>_____</p> <p style="font-size: small;">USUAL Signature of Applicant</p>  |   | <p>_____</p> <p style="font-size: small;">Date</p>  |
| Parent or Guardian  |   |   |
| <p>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.</p>   |   |   |
| <p><b>SIGNATURE OF BOTH PARENTS OR PROVIDE REASON FOR NOT SIGNING</b></p> <p><input type="checkbox"/> Divorce   <input type="checkbox"/> Deceased   <input type="checkbox"/> Other</p>  | <p><b>OPERATOR'S LICENSE NO.</b></p>  | <p><b>ADDRESS IF DIFFERENT THAN APPLICANT</b></p>   |
| <p>FATHER/Parental Guardian</p>   |   |   |
| <p>MOTHER/Parental Guardian</p>   |   |   |
| <p>Subscribed and sworn to before me:</p>   |   |   |
| <p>_____</p> <p style="font-size: small;">Date</p>  | <p>_____</p> <p style="font-size: small;">Official Signature and seal of Notary</p> | <p>_____</p> <p style="font-size: small;">Title</p> |

Please submit this form to [Hardship@dps.ms.gov](mailto:Hardship@dps.ms.gov) for approval.