

# APPLICATION FOR MISSISSIPPI DRIVER'S LICENSE

15-16 YEAR OLD MUST SHOW A CERTIFIED BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND THIS APPLICATION MUST BE SIGNED BY BOTH PARENTS AND NOTARIZED.

15-16 SEE BOTTOM OF THIS APPLICATION

OUT-OF-STATE LICENSED DRIVERS MUST PRESENT OUT-OF-STATE LICENSE, SOCIAL SECURITY CARD AND PROOF OF RESIDENT.

ALL NAME CHANGES FROM BIRTH NAME OR PREVIOUS NAME ON LICENSE,, MUST BE SUPPPORTED BY APPROPRIATE DOCUMENTS SUCH AS MARRIAGE LICENSE, ADOPTION PAPERS, DIVORCE DECREE, OR COURT ORDER, PHOTOSTATIC OR XEROX COPIES OF THESE DOCUMENTS ARE NOT ACCEPTED.

YES NO

**ANSWER THE QUESTIONS BELOW:**

1.   Have you ever held a Mississippi License? What year? \_\_\_\_\_ Number \_\_\_\_\_
2.   Have you ever held a Mississippi identification card (ID)? What year? \_\_\_\_\_ Number \_\_\_\_\_
3.   Have you ever held a driver's license in any other State? What State? \_\_\_\_\_ When? \_\_\_\_\_ DL Number \_\_\_\_\_
4.   Has your license or driving privilege ever been suspended, revoked, or cancelled? What State? \_\_\_\_\_ When? \_\_\_\_\_ DL Number \_\_\_\_\_  
For what reason? \_\_\_\_\_
5.   Have you ever been denied a license? Why? \_\_\_\_\_
6.   Are you a United States Citizen?
7.   Do you have any physical defects which would interfere with your ability to operate a motor vehicle safely? Explain \_\_\_\_\_

**By submitting this application, I am consenting to registration with the Selective Service System, if so required by law when I reach eighteen years of age.**

<b>DRIVER LICENSE NUMBER</b>		<b>SOCIAL SECURITY NUMBER</b>	
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<b>PRINT IN BLACK</b>	LAST NAME	FIRST NAME	MIDDLE	MAIDEN
	ADDRESS		Apt Number	
	CITY	STATE	ZIP CODE	AGE
	DATE OF BIRTH Mo. Day Year	EYES	HAIR	
	SEX	RACE		

**Examiner's Remarks**

PLACE OF BIRTH \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

**NOTICE:** Persons who are convicted of any registrable sex offense must report to the Sheriff of the county of their residence and also to DPS for appropriate sex offender registration. Authority: MCA 45-33-27. I acknowledge that I have read and understand the requirement to register as a Sex Offender as set forth above.

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

X \_\_\_\_\_  
USUAL Signature of Applicant

<b>RECPT NO.</b>	<b>DATE</b>	<b>RESTRICTIONS</b>	<input type="checkbox"/> 1. CORR. LENSES <input type="checkbox"/> 6. MECH. SIGNALS <input type="checkbox"/> B. CUSTOM EQUIPT. <input type="checkbox"/> 2. HAND EQUIPT. <input type="checkbox"/> 7. BIOPTIC LENS <input type="checkbox"/> C. 45 MPH <input type="checkbox"/> 3. OUTSIDE MIRROR <input type="checkbox"/> 8. MOTORCYCLE ONLY <input type="checkbox"/> D. RE-EXAMINE BEFORE RENEW <input type="checkbox"/> 4. PNL/COMM. PASS. <input type="checkbox"/> 9. COMPANY VEH. <input type="checkbox"/> E. MOTORCYCLE ENDORSEMENT <input type="checkbox"/> 5. AUTO.TRANS. <input type="checkbox"/> A. DAYLIGHT DRV.				
<b>M.C. ENDORSEMENT</b>	<b>DATE</b>						
<b>L.P. RECEIPT NO.</b>	<b>DATE</b>	<b>IDENTIFYING DOCUMENTS</b>	<b>BADGE NO.</b>	<b>ACUITY WITH GLASSES</b>	<b>RIGHT</b>	<b>LEFT</b>	<b>BOTH</b>
				<b>WITHOUT GLASSES</b>	20/	20/	20/
					20/	20/	20/
				<input type="checkbox"/> OK <input type="checkbox"/> OK <b>DEPTH _____ COLOR _____</b>			

**THE UNDERSIGNED AGREE TO ACCEPT THE RESPONSIBILITY FOR ANY NEGLIGENCE OR WILLFUL MISCONDUCT OF THE PERSON NAMED IN THIS APPLICATION WHILE HE IS OPERATING A MOTOR VEHICLE AND TO BE LIABLE FOR DAMAGES RESULTING FROM SUCH MISCONDUCT OR NEGLIGENCE.**

<b>15-16 YEAR OLD</b>	SIGNATURES OF BOTH PARENTS OR REASON FOR NOT SIGNING <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	OPERATOR'S LICENSE NO.	ADDRESS IF NOT SAME AS APPLICANTS
	FATHER		
	MOTHER		
Subscribed and sworn To before me :			
_____	_____	_____	_____
Date	Signature	Title	