



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY



Application for Mississippi Commercial Driver License

To be completed by applicant in **black ink**

PLEASE MAKE YOUR SELECTION BELOW

Licenses		Permits	Endorsements	
<input type="checkbox"/> CDL - Class A	<input type="checkbox"/> Full/Partial Air Brakes	<input type="checkbox"/> CLP - Class A (Learner's Permit)	<input type="checkbox"/> P - Passenger	<input type="checkbox"/> T - Doubles/Triples
<input type="checkbox"/> CDL - Class B	<input type="checkbox"/> No Air Brakes	<input type="checkbox"/> CLP - Class B (Learner's Permit)	<input type="checkbox"/> S - School bus	<input type="checkbox"/> H - Hazmat
<input type="checkbox"/> CDL - Class C		<input type="checkbox"/> CLP - Class C (Learner's Permit)	<input type="checkbox"/> N - Tank	<input type="checkbox"/> L - Motorcycle
<input type="checkbox"/> CDL - Class B (Farm Waiver)				

Personal Information	
MS License/ID/Permit Number:	Social Security Number:
<input type="text"/>	<input type="text"/>

Legal Name:

Last:	First:	Middle/Maiden:	Suffix:
Date of Birth: (Mo/Day/Year)	Gender:	Hair:	Eyes:
Height:	Weight:	Race:	Ethnicity:
Age:	Place of Birth: (City, State, Country)		

Residential Address: This address is not to be used for voter registration purposes.

Street 1:	City:
Street 2:	State: ZIP:

Mailing Address (if different than Residential Address):

Street 1:	City:
Street 2:	State: ZIP:

Contact Information:

Home Phone:	Cell Phone:	Work Phone:	Fax Number:
Email Address:	Contact Name:	Relationship:	Phone:

Contact Preference. Please indicate how you would like to be contacted. This will become the default method for how we communicate with you.
 Email US Mail

ANSWER THE QUESTIONS BELOW:

YES NO

- Have you ever held a driver license or ID card in Mississippi or any other state? What State? _____ When? _____
ID or DL Number: _____
- Are you an active duty member of the U.S. Armed Forces (*Documentation Required*)?
- Has your license or driving privilege ever been suspended, revoked, or cancelled? What state? _____
When? _____ DL Number: _____ For what reason? _____
- Have you ever been denied a license? Why? _____
- Are you a United States Citizen? (If NO, you must present your valid Immigration documents)
- If you are a veteran of the US Armed Forces, do you wish to have a Veteran Indicator printed on your driver license?
- Do you wish to be or continue to be registered as an organ & tissue donor?

ANSWER THE QUESTIONS BELOW ONLY IF MEDICAL CERTIFICATION IS NOT REQUIRED:

YES NO

- Do you have any physical defect(s) which would interfere with your ability to operate a motor vehicle safely?
Explain: _____
- Are you hearing impaired?
 If YES, would you like an indicator for your condition on your license?
- Do you have diabetes?
 If YES, would you like an indicator for your condition on your license?

Selective Service

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. Any male who is at least eighteen (18) years of age but less than twenty-six (26) years of age and who applies for a permit or license or a renewal of a permit or license shall be registered in compliance with the requirements of Section 3 of the Military Selective Service Act, 50 USCS Appx 451 et seq., as amended.

The applicant's submission of the application shall serve as an indication that the applicant either has already registered with the Selective Service System or that he is authorizing the department to forward to the Selective Service System the necessary information for registration. Submission of the application will serve as his consent to registration with the Selective Service System, if so required. Any male applicant under the age of eighteen (18) will be registered upon turning age eighteen (18) as required by federal law.

Affirmation of Intent

By submitting this application, I affirm that the license class requested is representative of the vehicle class I intend to drive..

Voter Registration

Would you like to apply to register to vote or update your existing voter registration?

Yes If you choose to register to vote, the office at which the applicant submits a voter registration application will remain confidential and will be used only for voter registration purposes.

VOTER DECLARATION - READ AND SIGN

I swear/affirm that: I am a U.S. citizen. I will have lived in this state and county for at least 30 days before voting, and if a resident of a municipality, I will have lived in the municipality for at least 30 days before voting. I have never been convicted of murder, rape, bribery, theft, arson, obtaining money or goods under false pretense, perjury, forgery, embezzlement, or bigamy, or I have had my rights restored as required by law. I have not been declared mentally incompetent by a court. Furthermore, I certify that I am at least eighteen (18) years old (or I will be before the next general election), the information given by me is true and correct and that I have truly answered all questions on this application for registration, and that I will faithfully support the Constitution of the United States and of the State of Mississippi, and will bear true faith and allegiance to the same.

PENALTIES PROVIDED BY LAW FOR SUBMISSION OF A FALSE VOTER REGISTRATION APPLICATION; The penalty for conviction of false registration is imprisonment for not more than five (5) years or a fine of not more than five thousand dollars (\$5000), or both. Miss. Code Ann § 23-15-17.

No If you decline to register to vote, your decision not to register will remain confidential and will be used only for voter registration purposes.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Signature: _____ Date: _____

Refuse Witness: _____ Date: _____

Sex Offender Registration

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.

CDL Waiver for Farm-Related Service Industries

This waiver applies to seasonal CDL drivers for 1) farm retail outlets and suppliers; 2) agri-chemical businesses; 3) custom harvesters; and 4) livestock feeders. This waiver allows a seasonal driver to obtain a restricted Class B CDL without written/skills testing.

Check the boxes that apply:

- Farm Retail Outlet and/or Supplier Custom Harvester
 Agri-Chemical Business Livestock Feeder

Company/Employer/Owner Operator Name

Business Address Line 1

Business Address Line 2

City

State

ZIP Code

It will be your responsibility at the expiration of your farm-related service waiver card to return to the nearest CDL office and renew it. This waiver is valid for 180 days from the issue date. Only one waiver can be issued per calendar year.

License Records

1. I hereby certify that my driving privilege is not currently suspended, revoked, canceled, or disqualified in this or any other state. True False
2. I have operated a motor vehicle in the one year two year period immediately preceding today's date. True False

Affirmation/Signature

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:

USUAL Signature of Applicant