



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY



Application for Mississippi Driver License

To be completed by applicant in black ink

UNDER 17 YEARS OLD MUST SHOW A CERTIFIED BIRTH CERTIFICATE, SOCIAL SECURITY CARD, SCHOOL FORM, TWO (2) PROOFS OF RESIDENCE, AND THIS APPLICATION. MUST BE SIGNED BY BOTH PARENTS AND NOTARIZED (SEE BOTTOM OF THIS FORM). OUT-OF-STATE LICENSED DRIVERS MUST PRESENT OUT-OF-STATE LICENSE, SOCIAL SECURITY CARD (ISSUED BY SOCIAL SECURITY ADMINISTRATION), BIRTH CERTIFICATE, AND TWO (2) PROOFS OF RESIDENCE. ALL NAME CHANGES ON LICENSE MUST BE SUPPORTED BY APPROPRIATE DOCUMENTS SUCH AS MARRIAGE LICENSE, ADOPTION PAPERS, DIVORCE DECREE, OR COURT ORDER; ONLY ORIGINALS ARE ACCEPTABLE.

PLEASE MAKE YOUR SELECTION BELOW

Table with 4 columns: Licenses, Permits, ID's, Other. Includes checkboxes for Regular DL, Motorcycle, Class D, Intermediate, Learner's Permit, Driver's Ed Learner's Permit, Motorcycle Permit, State ID card, Disability ID card, Blind ID card, Name or Address Change, Update Address Notification - No card.

Personal Information

MS License/ID/Permit Number:

Social Security Number:

Legal Name:

Form for legal name and personal details including Last, First, Middle/Maiden, Suffix, Date of Birth, Gender, Hair, Eyes, Height, Weight, Race, Ethnicity, Age, and Place of Birth.

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

Form for residential address including Street 1, Street 2, City, State, and ZIP.

Mailing Address (if different than Residential Address):

Form for mailing address including Street 1, Street 2, City, State, and ZIP.

Contact Information:

Form for contact information including Home Phone, Cell Phone, Work Phone, Fax Number, Email Address, Emergency Contact Name, Relationship, and Phone Number.

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:

Series of 7 questions regarding driver license history, citizenship, physical defects, and hearing impairment with YES/NO checkboxes.

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.

Veteran Indicator

If you are a veteran of the U.S. Armed Forces, do you wish to have a Veteran Indicator printed on your driver license? Yes No

Organ/Tissue Donor

Do you wish to be or continue to be registered as an organ & tissue donor? You must be 18 yrs. of age or older. Yes No

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 registerable 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.

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**Under 17 Years of Age**

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.

Under 17	SIGNATURES OF BOTH PARENTS OR REASON FOR NOT SIGNING <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other	OPERATOR'S LICENSE NO.	ADDRESS IF DIFFERENT
	FATHER/Parental Guardian		
	MOTHER/Parental Guardian		
	Subscribed and sworn To before me:		
	Date	Signature	Title