

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 SUPPORTED BY APPROPRIATE DOCUMENTS SUCH AS MARRIAGE LICENSE,
 ADOPTION PAPERS, DIVORCE DECREE, OR COURT ORDER, PHOTOSTATIC OR XEROX COPIES OF THESE DOCUMENTS ARE NOT ACCEPTED.

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.

DRIVER LICENSE NUMBER		SOCIAL SECURITY NUMBER	
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PRINT IN BLACK	LAST NAME	FIRST NAME	MIDDLE	MAIDEN			
	ADDRESS			DATE OF BIRTH Mo. Day Year	EYES	HAIR	
	CITY	STATE	ZIP CODE	AGE	HEIGHT	WEIGHT	SEX

MAILING ADDRESS (If Different from Home Address)	EXAMINER'S REMARKS
Mailing Address	
City State Zip	
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

RECPT NO.	DATE	RESTRICTIONS	<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. ST. WHEEL GRIP <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.				
M.C. ENDORSEMENT	DATE						
L.P. RECEIPT NO.	DATE	IDENTIFYING DOCUMENTS	BADGE NO.	ACUITY WITH GLASSES	RIGHT	LEFT	BOTH
				WITHOUT GLASSES	20/	20/	20/
				OK OK DEPTH _____ COLOR _____			

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.

15-16 YEAR OLD	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

EXAMINER	WRITTEN		M/C RULE			
	DATE	TEST	SCORE	DATE	TEST	SCORE

ROAD TEST EXAMINER	DATE	VEHICLE	TAG NUMBER	D.L. NUMBER	ROAD TEST SCORE	PROOF OF INSURANCE Policy Number & Expiration Date

	2	6	10	21
GAP SELECTION				
1. Rejects Safe Gap				
LANE USAGE				
1. Unnecessary Lane Change				
2. Uses Wrong Lane				
3. Improper Turn				
LEGAL STOP				
1. Beyond Stopping Point				
2. Short of Stopping Point				
OBSERVATION				
1. Delayed/No Head Move				
POSITION				
1. Stops Too Close to vehicle Ahead				
2. Following Too Close				
3. Wrong Path				
SIGNAL				
1. Improper Use of Signals				
SPEED				
Too Fast/Too Slow				
PARKING				
1. Observation-Other Traffic				
2. Position-Too Close, Too Far Out				
TURN-ABOUT				
1. Traffic Observation, Signal				
2. Position				
Total Points Deducted No. 1				
No. 2				
IMMEDIATE FAILURE: Dangerous Act _____				
Accident _____				
Violation _____				

	2	6	10	21
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TURN-ABOUT				
1. Traffic Observation, Signal				
2. Position				
Total Points Deducted No. 1				
No. 2				
IMMEDIATE FAILURE: Dangerous Act _____				
Accident _____				
Violation _____				

WHEN YOU ARE READY FOR YOUR DRIVING TEST YOU MUST:

1. Have with you your application and learners permit and Social Security Card.
2. Be accompanied by a licensed driver.
3. Be in a legally licensed motor vehicle.
4. Be sure the motor vehicle you bring for your road test has all the equipment and passes motor vehicle inspection.
5. No road test will be given on wet streets.
6. Proof of Insurance.
7. Up to date school attendance form.