

Mississippi Diabetic Tag Application
(Section 27-19-56, MS Code of 1972)

Section 1 Certification to be Completed by Licensed Physician

I Do Hereby Certify That _____
Printed Name of Diabetic

Address City State

Is Affected With Diabetes, Including Type I, Type II, Gestational or a Secondary Form of Diabetes

Printed Name of Licensed Physician

Signature of Licensed Physician

Date Telephone Number

Section 2 Application to Be Completed by Tax Collector

Application is hereby made for:

Diabetic License Tag

Tag Number Title Number Registrant's Name

Signature of Tax Collector or Deputy Date

Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a diabetic license plate on the condition that I will comply in all respects with the applicable Mississippi Laws and the rules and regulations hereunder.

Signature of Applicant Date