Mississippi
SPECIAL LICENSE TAG
REGISTRATION TRANSFER

SAME OWNER
VEHICLE TO VEHICLE
TRANSFER ONLY

TYPE OF TAG [   ]

TAG NUMBER [   ]

[   ] STREET

[   ] CITY

[   ] COUNTY

THIS IS TO CERTIFY, THAT [   ]
(OWNER)

HAS ON [   ] / [   ] / [   ]   TRANSFERRED THE ABOVE TAG:
MONTH   DAY   YEAR

VEHICLE DATA	FROM:	YEAR	MAKE	MODEL	DECAL NUMBER
		COLOR	VIN NUMBER		EXP. MM./YYYY
	TO:	YEAR	MAKE	MODEL	DECAL NUMBER
		COLOR	VIN NUMBER		EXP. MM./YYYY

_____ COPY OF TITLE APPLICATION ATTACHED.

OR

_____ TITLE # [   ]

SIGNED _____

TITLE [   ]

PH # [   ]