

Mississippi Application for Hearing Impaired License Plate



Section 1 Certification to Be Completed by Licensed Physician

I do hereby certify that has the following condition:
Printed Name of Hearing Impaired Person

- Hearing is totally impaired.
- Hearing is so seriously impaired as to prohibit this person from understanding oral communication when spoken to in a normal conversational tone.

Printed Name of Physician

Date

Phone Number

Signature of Physician _____

Section 2 To Be Completed by Applicant

Vehicle Information:

Year

Make

Model

Color

Vehicle Identification Number

Registrant Information:

Name of Applicant

Address

City

State

Zip

Section 3 Application to Be Completed by Tax Collector

Hearing Impaired Tag Issued by _____
Tax Collector or Agent

_____ Date

