

Mississippi Application for Communication Impaired Decal

Section 1 Certification to Be Completed by Licensed Physician

I do hereby certify that _____ has a mental or medical
Printed Name of Communication Impaired Decal
condition that may present with atypical developmental symptoms which could impede effective communication with a law enforcement officer.

Printed Name of Physician

Date

Signature of Physician

Phone Number

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

Communication Impaired Decal Issued by _____
Tax Collector or Agent Date

Applicant is Vehicle owner Child Parent Spouse