

**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