

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