



*Prior to approaching the driver's vehicle, law enforcement officials know the driver may have diabetes because of this special license plate for drivers with diabetes.

This Tag Can Save Your Life!

The signs and symptoms of low blood sugar often mimic that of intoxication, making it difficult for law enforcement officials to know the difference. That is why the Diabetes Foundation of Mississippi (DFM) implemented the "Lifesaver Campaign for Law Enforcement," a program designed specifically for all law-enforcement officials in our state. Since its inception, this program has elicited responses from law enforcement agencies nationwide. Keep in mind that this is not a vanity tag.

There is no additional charge for the license plate if the car title is registered in the name of the driver who has diabetes. However, if the title is in someone else's name, but the person with diabetes is the primary driver of the car, there is a charge of \$33 for a diabetes license plate. For more information about the car tag or the special driver's license, please contact your local Department of Motor Vehicles.

The Diabetes Foundation of Mississippi's Lifesaver Campaign for Law Enforcement program provides law-enforcement personnel with the tools necessary to identify and treat a diabetic emergency appropriately. The DFM has educated the Highway Patrol, the Sherriff's departments, and the local police departments statewide. Law Enforcement officers contribute a vital public service to our communities, and the DFM's goal is to give them the knowledge they need to prevent a manageable incident from becoming a fatality.

The Diabetes Foundation of Mississippi is the *only* diabetes organization in the state dedicated to serving all Mississippians with diabetes – from our children to our seniors – through programs, research, patient assistance, support and education.

For more information about this campaign or the diabetes license tag, call the Diabetes Foundation of Mississippi at 601-957-7878.









License Plate

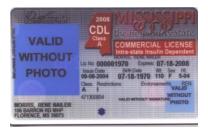
Prior to approaching the driver's vehicle, law enforcement officials know the driver may have diabetes because of this special license plate for drivers with diabetes.



Driver's License

Mississippi also provides drivers with the opportunity to get a driver's license that indicates that they have diabetes.

This special license has a purple star at the bottom of the license (near the signature area).



Drivers with low blood sugar may have symptoms of dizziness, blurred vision, slurred speech, weakness, loss of coordination, even belligerence –these symptoms can mimic the symptoms and signs that a patrol officer is looking for in a person who is driving under the influence.

The Car Tag quickly alerts law enforcement officers to check blood glucose before assuming drinking or drugs in the case of erratic driving. What they know could save your life!

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 Se	
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	1
Signature of Tax Collector or Deputy MM/DD/YYYY	
Section 3 To Be Completed by Applicant	
I hereby certify that the above statements are true and correct to the bes application for a diabetic license plate on the condition that I will comply applicable Mississippi Laws and the rules and regulations hereunder.	
Signature of Applicant	Date



Mississippi Department of Public Safety Driver Services Bureau



Certification of Diabetes (Please type or print legibly)

Patient Information			Tail
Full Name:			
(First)	(Middle)	(Last)	
Address:			
(Street)			
(City)	(State)		(Zip)
Date of Birth	(Driver License N	umber	
	hereby authorize r ion to the Department of Public on card that will help identify m		ed below to release the nat I may be issued a special
	Physician Inform	ation	
I hereby certify that the pers and that I am a licensed phy	son listed above is currently und vsician.	er my care and h	as been diagnosed a diabetic
Physicians Name (Please Pr	rint)	_	-
Physicians Signature(Sig	gnature Must be in BLUE Ink)	Date	
Medical License No			