Form 77-517-20-8-1-000

MississippiApplication for Communication Impaired Decal

Section 1	ection 1 Certification to Be Completed by Licensed Physician				
I do hereby certify	thatPrinted Name	ed Decal	has a mental or medical		
condition that may a law enforcement		pmental symptoms w	hich could impede e	effective communication with	
Printed Name	e of Physician			Date	
Signature of I	Physician			Phone Number	
Section 2	To Be Completed by Applicant				
Vehicle Inform	ation:				
Year	Make	Model	Color	Vehicle Identification Number	
Registrant Info	ormation:				
Name of Applica	nt				
Address					
City		State	Zip		
Section 3	Application to Be Com	pleted by Tax Colle	ctor		
Communication	ı Impaired Decal Issued by	Tax Collecto	or or Agent	Date	
Applicant is	Vehicle owner C	hild Par	ent Spo	ouse	