



DEPARTMENT OF PUBLIC SAFETY
DRIVER SERVICES BUREAU
 Replacement DL/ID due to Katrina



PRINT FULL NAME		DATE
RESIDENCE ADDRESS		Date of Birth
CITY/TOWN	Social Security #	
DRIVER LICENSE (If known)		Phone number to reach you
SIGNATURE		
DRIVER LICENSE STATION	Fax #	
Name of Station		
Contact Name		
Address		
City / State / Zip		
Your Current Location Shelter, Family, etc.		

Your Mississippi License or ID MUST be VALID.

This information must be filled out and signed. If you do not know your Driver License number we will use your other information to print your duplicate license or ID card. We will mail your duplicate card to the Driver Station listed above. They will visually look at the card and you to verify it is you. There will be no charge for this one-time replacement.

Please fax the completed form to (601) 987-1280. If you have any other question feel free to call Cheryl Slawson at (601) 987-1206. I appreciate your patience we are doing our best to protect your personal information and will have your replacement to you just as soon as possible.