



Mississippi

Application for Distinguishing Number Tag Increase



Dealer Name			
Primary Address (Number and Street, Including Rural Route)			
City		State	Zip
Phone	Ext.	Fax	

DA/Permit Number _____

Tag Type	Tag Quantity	Tag Numbers Assigned	Fee Per Tag	Total Tag Fees
NDL	_____	_____ TO _____	1st 12 \$43.75 (ea.) over 12 \$83.75 (ea.)	_____
UDL	_____	_____ TO _____	1st 12 \$43.75 (ea.) over 12 \$83.75 (ea.)	_____
MCD	_____	_____ TO _____	\$14.75 (ea.)	_____
HTD	_____	_____ TO _____	\$133.75 (ea.)	_____
TLD	_____	_____ TO _____	\$18.75 (ea.)	_____
MFG	_____	_____ TO _____	\$18.75 (ea.)	_____
			Amount Due State	_____

FEES MUST ACCOMPANY APPLICATION

MAIL TO:

MS DEPARTMENT OF REVENUE
 P.O. Box 1140
 Jackson, MS 39215
 Attn: Motor Vehicle Licensing

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a permit to engage in business on the condition that I will comply in all respects with the applicable Mississippi Tax Laws and the rules and regulations hereunder.

 Applicant Signature

 Title Date

