TO: ALL TROOPER CADET APPLICANTS

FROM: Colonel Randy C. Ginn
       Director, MHSP
       Assistant Commissioner, DPS

DATE: August 24, 2022

RE: Trooper School – Class 67

Thank you for your interest in becoming a Mississippi State Trooper. The first step in the Trooper School candidate process is meeting the minimum qualifications below and completing the application.

I. MINIMUM QUALIFICATIONS FOR TROOPER SCHOOL

Per MS Code § 45-3-9, at the time of appointment, applicant shall be twenty-one (21) years of age and shall have:

A. Sixty (60) hours and/or an associate degree from an accredited educational institution with a minimum grade point average of 2.0 on a 4.0 scale;

or

B. A high school diploma or GED and at least four (4) years of active military duty or six (6) Years of National Guard duty; a Department of Defense Form 214 (DD 214), Certificate of Release of Discharge from Active Duty, or a National Guard Bureau Form 22 (NGB 22), Report of Separation, or a National Guard Bureau Form 23 (NGB 23), ARNG Retirement Credit Points Statement must be submitted by the applicant;

or

C. A high school diploma or GED, minimum standard certification from an accredited law enforcement academy, and a minimum of one (1) year of law enforcement field experience;

or
D. A high school diploma or GED if the applicant is not less than twenty-three (23) years of age.

II. BACKGROUND APPLICATION

THIS APPLICATION MUST BE RECEIVED BY THE MDPS ADMINISTRATIVE OPERATIONS DIVISION BY October 14, 2022. You are to complete ALL SECTIONs of the application, and provide the following attachments:

A. Photocopy of your Driver License;
B. Certified transcripts;
C. Certified Birth Certificate;
D. Copy of DD-214, if applicable.

These items may take some time to obtain, so you will need to request them as soon as possible in order to meet the application deadline. The attachments will become property of MDPS and will not be returned to you. No application will be accepted unless it is complete, and all required documents are attached. Incomplete applications will be returned to the applicant. Once the application has been approved, information will be forwarded via mail, email, or phone regarding the next step in the process. The entire candidate application process consists of:

1. Application Approval;
2. Computerized Test (Reading);
3. Agility/Drug Test/PT;
4. Structured Oral Process (SOP);
5. Candidate Profile Summary (CPS);
6. Polygraph and Psychological Screening; and

III. DRUG SCREEN AND UMMC EXAM

Each applicant must pass a drug screening test. Therefore, if you are taking any prescribed medications, you will need to provide proof of your prescription(s) at the time of the drug screening test.

IV. PHYSICAL TRAINING TESTING DAY

A physical training test and drug screen will be given should your application be accepted. If any applicant fails to complete any part of the physical training test, they will be given 10 minutes to rest and one additional attempt to complete that part of the test, with the exception of the run, which will have a rest period of 20 minutes. The applicant must complete any failed portion before going to the next exercise. It is not advisable to drink highly caffeinated beverages/energy drinks or consume any
enhanced energy products prior to participating in, or during the course of, the agility/physical testing process. This could affect your physical test results and may disqualify you from the process. You must be able to complete the following physical test requirements:

1) Run one mile in nine (9) minutes and fifteen (15) seconds for males, or eleven (11) minutes for females; and 2) properly execute the following exercises: agility run, 25 push-ups in two (2) minutes for males and 15 push-ups in two (2) minutes for females.

Any applicant who fails any part of this phase of testing will be immediately disqualified from the candidate process.

Good luck, and thank you for your interest in becoming a Mississippi State Trooper!

Send the completed application packet to:

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
ATTN: Administrative Operations Division
PO Box 958/Box A2
Jackson, MS 39205

For additional questions or concerns related to the candidate application process, please contact the Administrative Operations Division at 601-987-1259 or email us at adminop@dps.ms.gov.

DO NOT SEND ANY APPLICATIONS TO THE MISSISSIPPI STATE PERSONNEL BOARD
MDPS/MHSP PATROL BACKGROUND APPLICATION

Mail To:
MS Department of Public Safety
MS Highway Safety Patrol
Post Office Box 958/Box A2
Jackson, MS 39205
Attn: MHSP Administrative Operations Division

NOTICE: Application MUST be typewritten or clearly printed. ALL questions MUST be answered. If a question is not applicable, so state. APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH 8 ½ x 11 SHEETS OF PAPER AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

PERSONAL HISTORY

Full Name: __________________________________________ 2. SSN: ________________________

Last   First   Middle

List all other names you have used including nicknames; maiden name, etc. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

____________________________________________________________________________________

Have you ever legally changed your name?

☐ No  ☐ Yes

Date

Place

Driver License No./State

Date of Birth __________________________

Place of Birth __________________________

Marital Status __________________________

Has your privilege to operate a motor vehicle ever been suspended or revoked? ☐ No  ☐ Yes

If yes, explain fully: _________________________________________________________________

Are you a citizen of Mississippi? Yes ☐ No ☐

For how long? __________________________

Are you a citizen of the United States? Yes ☐ No ☐

For how long? __________________________

If you have been naturalized: Date: ______________  Certificate No. __________________________

Provide email address: ______________________________

REVISED 12/2021
RESIDENCES

1. Present Address: ____________________________
   Street and Number City County State Zip Code Telephone

2. Mailing Address: ____________________________
   Street and Number City County State Zip Code Telephone

3. List chronologically ALL of your residences for the past 10 years. (Include addresses while attending school if away from home.) Begin with most recent.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Apt. No.</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

EDUCATION

Do you have a high school diploma? _____
Do you have a GED certificate? _____
Date Received: _______________________

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>Location</th>
<th>Dates FROM</th>
<th>TO</th>
<th>Date Diploma Received</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of College or University Attended</th>
<th>Total Credits Received</th>
<th>Field of Study or Areas of Concentration</th>
<th>Dates Attended</th>
<th>Type Degree (B.S., M.Ed., etc.) &amp; Date Received (Mo./Yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter</td>
<td>Semester</td>
<td>Major</td>
<td>Hours</td>
<td>Minor</td>
</tr>
<tr>
<td>----------</td>
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</tr>
</tbody>
</table>

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

☐ No
☐ Yes

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
<th>Type of Action</th>
</tr>
</thead>
</table>

LICENSE, CERTIFICATE, REGISTRATION (A copy of the appropriate license or certificate must be attached if required by the job description)

<table>
<thead>
<tr>
<th>Title/Type</th>
<th>License Number</th>
<th>Name of Licensing Agency</th>
<th>Specialization</th>
<th>Certification Date (Orig.)</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
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</table>
# REFERENCES

List three references who have known you well during the past five years and who are responsible adults of reputable standing in their communities. Example: property owners, business owners, professionals, clergy, etc. Also list three social acquaintances in your own age group. Do not include relatives in either list.

## REFERENCES:

(a) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

(b) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

(c) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

## SOCIAL ACQUAINTANCES:

(a) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

(b) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

(c) Complete Name ___________________________ No. Yrs. Acq. _____ Occupation ___________________________
   Home Address ___________________________
   City, State ___________________________
   Business Address ___________________________
   Home Phone ___________________________
   Business Phone ___________________________

# EMPLOYMENT

List chronologically ALL EMPLOYMENT, including summer and part-time. Begin with most recent.

<table>
<thead>
<tr>
<th>Current or Most Recent Employer:</th>
<th>Address:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Supervisor’s Name:</td>
<td>Number Supervised by You</td>
</tr>
<tr>
<td>Date Employed (Mo./Yr.):</td>
<td>Starting Salary:</td>
<td>Ending Salary:</td>
</tr>
<tr>
<td>$ Per</td>
<td>$ Per</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Date Separated (Mo./Yr.):</td>
<td>Duties:</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Full-Time
- [ ] Part-Time

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Address:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Supervisor’s Name:</td>
<td>Number Supervised by You</td>
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<td>Date Employed (Mo./Yr.):</td>
<td>Starting Salary:</td>
<td>Ending Salary:</td>
</tr>
<tr>
<td>$ Per</td>
<td>$ Per</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Date Separated (Mo./Yr.):</td>
<td>Duties:</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Full-Time
- [ ] Part-Time
**Employer:**

**Address:**

**Phone Number:**

**Job Title:**

**Supervisor’s Name:**

**Number Supervised by You**

<table>
<thead>
<tr>
<th>Date Employed (Mo./Yr.)</th>
<th>Starting Salary: $ Per</th>
<th>Ending Salary: $ Per</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Separated (Mo./Yr.)</th>
<th>Duties:</th>
</tr>
</thead>
</table>

- [ ] Full-Time
- [ ] Part-Time

Have you ever been dismissed or asked to resign from any employment/position you have held?

- [ ] No
- [ ] Yes

**Employer’s Name**

**Date**

Reason:

Are you now employed by an agency of the Federal or State government?  
- [ ] Yes  
- [ ] No

Have you been employed by the Federal Government within the past 90 days?

- [ ] Yes  
- [ ] No

**Agency**

**Location**

---

**MILITARY RECORD**

Have you ever served on active duty in the Armed Forces of the United States?  
- [ ] Yes  
- [ ] No

**Branch of Service:**

**Dates Served From**

**to**

**Military Operation:**

**Rank:**

**Type Discharge:**

- [ ] Honorable
- [ ] Hardship
- [ ] Dishonorable
- [ ] Other (Explain)

**Type Release from active duty:**

- [ ] Expiration of Enlistment
- [ ] Retired
- [ ] Other

**Discharge Date:**

Reserve Status:

- [ ] None
- [ ] Active
- [ ] Inactive

Are you a member of the National Guard or other Reserve Unit?  
- [ ] Yes  
- [ ] No

**Branch:**

- [ ] Army  
- [ ] Navy  
- [ ] Air Force  
- [ ] Marine Corps  
- [ ] Coast Guard

If you are in a pay status requiring drills, meetings or camps, give Unit and Location.  

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4
If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense, type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Type of Court Martial</th>
<th>Disposition of Charge</th>
<th>Fine, Restrictions &amp; Confinement</th>
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### COURT RECORD

Have you ever been arrested or charged with a felony violation?  □ Yes  □ No
If yes, list all felony violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Charge</th>
<th>Final Disposition</th>
<th>Details</th>
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Have you ever been arrested or charged with a misdemeanor violation?  □ Yes  □ No
If yes, list all misdemeanor violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

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Have you ever been a party to any civil (garnishments, bankruptcy, etc.), quasi-criminal or chancery action, in County, Circuit or Chancery Court?  □ Yes  □ No (Give date, place, court, names or parties involved, nature of action, and final disposition.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Court</th>
<th>Parties Involved</th>
<th>Nature of Action</th>
<th>Final Disposition</th>
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</table>

Have you ever received a traffic citation/ticket?  □ Yes  □ No  If yes, list all traffic citations pending or non-pending (against you). (Add attachment if applicable)

<table>
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<th>Date</th>
<th>Place</th>
<th>Charge</th>
<th>Final Disposition</th>
<th>Details</th>
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</table>
ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES. If you have been married more than once, give the requested information concerning each former husband or wife. Even if a relative is deceased, give all the information requested, and indicate last residence and year of death. Include step brothers and sisters, half brothers and sisters, and if you or your wife have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents.

<table>
<thead>
<tr>
<th>Complete Name (no initials) and Address</th>
<th>Occupation, Name and Address of Firm where Employed</th>
<th>Date and Place of Naturalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FATHER</strong></td>
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<tr>
<td>Name</td>
<td></td>
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<td>Address</td>
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<tr>
<td>Age ______ Place of Birth</td>
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| **MOTHER**                            |                                                   |                                 |
| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| **WIFE OR HUSBAND**                    |                                                   |                                 |
| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| **CHILDREN**                          |                                                   |                                 |
| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

| **BROTHERS AND SISTERS**               |                                                   |                                 |
| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |

<p>| Name                                   |                                                   |                                 |
| Address                                |                                                   |                                 |
| Age ______ Place of Birth              |                                                   |                                 |</p>
<table>
<thead>
<tr>
<th>Complete Name (no initials) and Address</th>
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<td>Age Place of Birth</td>
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</table>

CLICK HERE TO RESET/CEAR FORM
ALL APPLICANTS

Attach an unmounted full face photograph of yourself, not larger than 2 ¼ by 2 ½ inches. Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS AN APPROPRIATE PHOTOGRAPH IS INCLUDED.

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE STATE OF MISSISSIPPI

I understand that all appointments are probationary for a period of one year, during which time the employee must demonstrate his fitness for continued employment by the Department of Public Safety. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Department of Public Safety, and I agree to these conditions.

(Signature of the applicant as usually written.)

APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI
COUNTY OF _______

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named ____________________________, who acknowledged to me that he/she signed and delivered the above and foregoing waiver on the date therein mentioned and for the purpose therein expressed.

GIVEN under my hand and seal of office, this ____ day of __________, 20__.

______________________________
NOTARY PUBLIC

My Commission Expires:

______________________________

EQUAL OPPORTUNITY EMPLOYER
AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

DATE: ____________________________

TO WHOM IT MAY CONCERN:

Having made application to the State of Mississippi, the Department of Public Safety/Mississippi Highway Safety Patrol and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Department of Public Safety and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: ____________________________

ADDRESS: ____________________________

____________________________________

STATE OF MISSISSIPPI
COUNTY OF _________

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named ________________________, who acknowledged to me that he/she signed and delivered the above and foregoing waiver on the date therein mentioned and for the purpose therein expressed.

GIVEN under my hand and seal of office, this _____ day of ____________, 20____.

____________________________________

NOTARY PUBLIC

My Commission Expires:

____________________________________

THIS APPLICATION INVALID UPON EXPIRATION OF NOTARY PUBLIC SIGNATURE
OR ONE (1) YEAR FROM DATE OF APPLICANT SIGNATURE
Selective Service Registration

As required by Section 25-9-351(a), Mississippi Code Annotated, 1972:

(a) Every male between the ages of eighteen (18) and twenty-six (26) who is required to register under the federal Military Selective Service Act, 50, USCS App. 4453, and is seeking employment with the State of Mississippi shall submit to the person, commission, board or agency to which his application is submitted satisfactory documentation of his compliance with the draft registration requirements of the Military Service Act.

If you fall into one of the following categories listed below, you will not be required to register:

Persons not Required to be Registered:

a. The following persons are not required to be registered:

(1) Aliens legally admitted to the United States as non-immigrants under section 101(a)(15) of the Immigration and Nationality Act, as amended (66 STAT. 153; 8 U.S.C. 1101) and who continue to maintain the non-immigrant status; e.g., visitor for business or pleasure, foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, diplomatic agents, members of NATO or other international organizations who are not United States citizens and members of their families, educational exchange students, and representatives for foreign information media.

(2) Commissioned officers, warrant officers and enlisted men who are active duty in the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard, and commissioned officers of the National Oceanic Atmospheric Administration and the regular Public Health Service.

(3) Cadets at the United States Military Academy, the United States Air Force Academy, the United States Coast Guard Academy, and midshipmen at the United States Naval Academy.

(4) Students enrolled in the officer procurement program at the following military colleges, the curriculum of which has been approved by the Secretary of Defense:

The Citadel (Charleston, SC)
North Georgia College (Dahlonega, GA)
Norwich University (Northfield, VT)
Virginia Military Institute (Lexington, VA)

(5) Members of the reserve components of the Armed Forces, the Coast Guard and the Public Health Service while on duty. Active duty in the Public Health Service must be performed by officers of the Reserve of the Public Health Service while assigned to staff of any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, or while assigned to the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency of the National Oceanic and Atmospheric Administration, or while assigned to assist Indian Tribes, groups, bands or communities pursuant to PL 568, 83rd Congress, as amended.

b. A person who is hospitalized or incarcerated at the time specified for his registration shall be exempt from registration during the period of confinement. Upon his release he shall present himself for registration.

NAME: ____________________________________________
SOCIAL SECURITY NUMBER: __________________________
SELECTIVE SERVICE ID: ______________________________