

# Manufacturer Identification Report



1. **Manufacturer** Mississippi Power Company  
**Address** P.O. Box 4079  
**City** Gulfport **State** MS **Zip** 39501

2. **Incorporated in the state of** Mississippi

3. DESCRIPTION OF MOTOR VEHICLES MANUFACTURED														
A. TYPE OF VEHICLE				B. TYPE OF OPERATOR				C. TYPE OF CHASSIS				D. BODY STYLE	E. GVW RANGE	F. OPERATION PERFORMED
MPV	TRUCK	BUS	TRAILER	INC VEHICLE MFG	INTERMEDIATE MFG	FINAL-STAGE MFG	ALTERED MFG	CHASSIS-CAB	CHASSIS-COWL	BARE CHASSIS	CUTAWAY CHASSIS			
	X					X	X	X				Flatbed	8,500 to over 33,000	Fabricate and/or mount
	X											Service Body	8,500 to over 33,000	Mount on cab-chassis
	X											Mechanized Equip.	15,000 to over 33,000	Mount on cab-chassis
			X				X					Various	3,000 to over 33,000	Modify or mount equipment

4. See reverse side for description of motor vehicle equipment.  
 Send completed form to: **Administrator**  
**National Highway Traffic Safety Administration**  
**400 7th St SW, Room 6115, Washington, DC 20590**

5. **Submitted By** Joe Sanders  
**Date** 3-24-04