



**DEPARTMENT OF REVENUE
TAXPAYER AND VEHICLE SERVICES DIVISION
44 VANTAGE WAY, SUITE 160
NASHVILLE, TENNESSEE 37243-8050**

APPLICATION FOR DISABLED PERSON LICENSE PLATE AND/OR PLACARD

Form must be completed in the name of the applicant. Please complete all information and sign.

<input type="checkbox"/> Permanent Disability Placard	\$21.50	FIRST NAME				MIDDLE NAME		LAST NAME	
<input type="checkbox"/> Temporary Disability Placard	\$10.00	STREET ADDRESS							
<input type="checkbox"/> Renewal Temporary Disability Placard	\$10.00	CITY OR TOWN							
<input type="checkbox"/> Renewal Permanent Disability Placard	\$3.00	COUNTY		STATE		ZIP			
<input type="checkbox"/> Replacement Placard	\$2.00	DATE OF BIRTH		MONTH		DAY		YEAR	
<input type="checkbox"/> *Disabled Person License Plate (see below)									

Note: If desired, qualified applicants may apply for both a disabled person license plate and a placard.

* **For disabled person license plates:** The county clerk will collect the necessary fees for the assignment of the disabled person license plate. The exchanged plate must be surrendered to the county clerk before credit can be given.

Tennessee Code Annotated Section 55-21-103(f)(1) requires any person who was previously issued a **temporary placard** to submit a new certification prior to the renewal of the temporary placard. **Permanent placard renewals do not require a new certification.**

Disabled Person License Plate Requests: Please list your vehicle's descriptive information below. If your application is only for a placard, it is not necessary to complete this portion.

Description of the vehicle to which plate will be affixed:

YEAR	MAKE	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER
For applicants who are a parent or legal guardian of a permanently disabled individual, please indicate the following:			
Disabled person's name: _____		Applicant is this person's (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	

Applicant Certification Statement: I, the undersigned applicant, hereby certify under the penalties prescribed in Tenn. Code Ann. §§ 55-21-108 and/or 55-21-103, that the statements made herein are true and correct to the best of my knowledge, information and belief.

Applicant's Signature: _____ Date: _____

Medical Certification: The following section **must be completed** by a medical doctor licensed to practice medicine, a physician's assistant or nurse practitioner acting in conjunction with a written protocol developed jointly by a physician, or a Christian Science Practitioner listed in the Christian Science Journal. **This is not required when renewing a permanent placard.**

Mechanical device used: Crutches Braces Other (list): _____

Is applicant **PERMANENTLY** confined to a wheelchair? Yes No

The nature of the disability is: _____

Is the disability permanent or temporary ? (check one)

Certifying Medical Professional or Christian Science Practitioner's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Telephone #:** _____

In accordance with Tenn. Code Ann. §§ 55-21-103 and 55-21-152, I hereby certify that the disabled individual named in this application has appeared before me and that, in my opinion, he or she meets the requirements of Tenn. Code Ann. §§ 55-21-102(3)(A), (B), and (C) or 55-21-102(4).

Certifying Medical Professional or Christian Science Practitioner's Signature: _____ **Date:** _____

TAXPAYER AND VEHICLE SERVICES DIVISION/COUNTY CLERK USE ONLY

Approved By RV-F1310301 (Rev. 8/2009)	Date Approved	Placard Number Assigned	Expiration Date
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