



STATE OF TENNESSEE
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

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

Please check the item requested:

- Permanent Disability Placard \$21.50
- Temporary Disability Placard \$10.00
- Renewal Temporary Disability Placard \$10.00
- Renewal Permanent Disability Placard \$3.00
- Replacement Placard \$2.00
- *Disabled Person License Plate

<i>FIRST NAME</i>	<i>MIDDLE NAME</i>	<i>LAST NAME</i>	
<i>STREET ADDRESS</i>			
<i>CITY OR TOWN</i>	<i>COUNTY</i>	<i>STATE</i>	<i>ZIP</i>
<i>DATE OF BIRTH</i>	<i>MONTH</i>	<i>DAY</i>	<i>YEAR</i>

(*The county clerk will collect the necessary fees for the assignment of the disabled person license plate. Exchange plate must be surrendered to county clerk before credit can be given.)

Tennessee Codes Annotated (T.C.A.) 55-21-103(f)(1) states: "Any person issued a permanent or temporary placard must submit a new certification pursuant to T.C.A. 55-21-102(1)(A) or (C), prior to the department renewing such permanent or temporary placard." (Please read reverse side.)

If application is for placard only, it is unnecessary to complete this portion of the application pertaining to identification to the vehicle.

Description of vehicle to which plates will be affixed	_____ YEAR	_____ MAKE OF VEHICLE	_____ TITLE NUMBER
_____ VEHICLE IDENTIFICATION NUMBER (VIN)			

I, the undersigned applicant, hereby certify, under the penalties prescribed in chapter 55-21-108, Tennessee Code Annotated, that the statements made herein are true and correct to the best of my knowledge, information and belief.

Applicant's Signature _____ Date _____

The following section must be completed by a medical doctor licensed to practice medicine or a Christian Science practitioner listed in the Christian Science Journal.

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

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

The nature of the disability is _____

Is disability permanent _____ or temporary _____ ?

Physician's or Christian Science Practitioner's Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone No. _____

I hereby certify that the applicant named in this application has appeared before me and that, in my opinion, he or she meets the requirements of T.C.A. 55-21-102(1)(A), (B), and (C).

Physician's or Christian Science Practitioner's Signature _____ Date _____

TAXPAYER AND VEHICLE SERVICES DIVISION/COUNTY CLERK USE ONLY

Approved By	Date Approved	Placard Number Assigned	Expiration Date
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