



TENNESSEE DEPARTMENT OF REVENUE
Application for Disabled Person License Plate, Placard, or Decal

RV-F1310301 (Rev. 5-20)

To obtain a **disabled person parking placard**, complete **Section A, B, D & E**

To obtain a **disabled person license plate**, complete **Section A, B, C, D & E**

To obtain a **disabled person decal**, complete **Section A, B, C, D & E**

This form must be completed in the name of the applicant. Please complete all information, sign and submit the form in person or by mail to your local County Clerk's office. For your local county clerk contact information, please visit tn.gov/revenue.

A. FEES: Please make your selection(s) below. State fees are indicated below.

Additional County Clerk fees may apply. Contact your local County Clerk for more information.

Placard for Persons with Permanent Disabilities*

- Permanent Disability Placard (with no vehicle registration in applicant's name) \$ 26.50
- Permanent Disability Placard (with vehicle registration in applicant's name) No Charge
- Permanent Disability Placard Renewal (with or without registration in applicant's name) \$ 3.00
- Permanent Disability Placard (replacement fee) \$ 2.00

*Please note the Permanent Disability Placard expires 2 years after issuance. To renew, please submit application with the appropriate renewal fees.

Placard for Persons with Temporary Disabilities

- Temporary Disability Placard (valid for 6 months) \$ 10.00
- Temporary Disability Placard Renewal (Must submit new application. Renewal must run consecutively for the same disability) \$ 10.00

Disabled Person License Plate/Decal

- Disabled Person License Plate \$26.50
- Disabled Person License Plate (Confined to a wheelchair) No Charge
- Disabled Driver Decal No Charge

B. Complete the information below:

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH: MONTH DAY YEAR		
STREET ADDRESS		CITY OR TOWN	COUNTY	STATE	ZIP

C. Complete the information below, only if requesting a disabled person license plate or decal: Please provide the description information for the vehicle to which plate or decal will be affixed, below. If your application is only for a placard, it is not necessary to complete this portion.

TITLE NUMBER	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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APPLICATION FOR DISABLED PERSON LICENSE PLATE, PLACARD AND/OR DECAL

CERTIFICATION OF DISABILITY

D. 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:** _____

For applicants who are a parent or legal guardian of a permanently disabled individual, please indicate the following and sign above:

Disabled person's name: _____ Applicant is this person's (check one): Parent Legal Guardian

E. Certification of Disability: The section below **must be completed** by a medical doctor licensed to practice medicine, a Christian Science Practitioner listed in the Christian Science Journal, nurse practitioner (APRN), or physician's assistant (PA).
NOTE: This is not required when *renewing* a permanent disability placard or disabled person license plate, but is required **each time a temporary disability placard is requested.**

Mechanical device used: Crutches Braces Other (list) _____

Is applicant PERMANENTLY confined to a wheelchair? Yes No Is applicant hearing impaired? Yes No

The nature of the disability is _____

Is disability permanent or temporary ?

Name of Doctor/Christian Science Practitioner/APRN/PA _____

Address: _____ City: _____ State: _____ Zip Code: _____ Telephone No: _____

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).

Signature of Doctor/Christian Science Practitioner/APRN/PA: _____ Date: _____

COUNTY CLERK USE ONLY

Approved By

Date Approved

Placard/Plate/Decal Number Assigned

Placard Expiration Date