



TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION

APPLICATION FOR DISABLED PERSON LICENSE PLATE, PLACARD AND/OR DECAL

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 driver 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. Go to <http://tn.gov/revenue/vehicle/countyclerks.shtml> for your local county clerk contact information.

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.

☐ Permanent Disability Placard with no vehicle registration in applicant's name*	\$ 21.50
☐ Permanent Disability Placard with vehicle registration in applicant's name	No Charge
☐ 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	\$ 21.50
☐ Disabled Person License Plate (Confined to a Wheelchair)	No Charge
☐ Disabled Driver Decal	No Charge

*Expires two (2) years after issuance. To renew, submit application with the appropriate renewal fees.

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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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

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CERTIFICATION OF DISABILITY

- E. Certification of Disability:** The section below must be completed by a medical doctor licensed to practice medicine or a Christian Science Practitioner listed in the Christian Science Journal. (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 _____

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: _____

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).

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

COUNTY CLERK USE ONLY

Approved By _____

Date Approved _____

Placard/Plate/Decal Number Assigned _____

Placard Expiration Date _____