



## TENNESSEE DEPARTMENT OF REVENUE

VS-12292021(12-21)

### Application for Precious Cargo Designation on a Tennessee Registration

**PURPOSE:** Allows the owner or lessee of a motor vehicle who needs assistance with expressive language or communicating needs to a first responder, or who needs assistance with exiting a motor vehicle, to request a designation of such need on their motor vehicle registration at the time of initial registration or renewal. The information will be available to law enforcement through the Vehicle Title and Registration System (VTRS).

**INSTRUCTIONS:** All sections of this form must be completed. Once complete, please submit the form to your local county clerk office. If you have additional questions regarding this form, please contact [revenue.support@tn.gov](mailto:revenue.support@tn.gov) and submit a ticket inquiry under title and registration questions.

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#### A. APPLICANT/VEHICLE INFORMATION:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vehicle Identification Number (VIN): \_\_\_\_\_ Title Number: \_\_\_\_\_

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#### B. CERTIFICATION OF REASON FOR DESIGNATION:

This section must be completed by a licensed physician, psychiatrist, psychologist or senior psychological examiner, or neurologist, stating that an operator of the person's motor vehicle has an intellectual disability, a developmental disability, or a medical condition that may impede communications with, or impact the operator's encounter with, a first responder. Please provide a brief explanation of such qualifying condition below:

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Name of Approved Medical Professional : \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature of approved medical professional: \_\_\_\_\_ Date: \_\_\_\_\_

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#### C. APPLICANT CERTIFICATION STATEMENT:

I, the undersigned applicant, hereby certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_