

This authorization form has been:

Approved

Denied



D. APPROVAL:

Signature of Clerk/Designee: ______ Date:____

TENNESSEE DEPARTMENT OF REVENUE Emergency License Plate Authorization

PURPOSE: Owner's or lessee of motor vehicles who are residents of Tennessee may apply for E-plates if they are considered emergency personnel as described in Tenn. Code Ann. 55-4-223. This form is **not** required for IAFF or FOP plates or for a renewal.

INSTRUCTIONS: Complete this form in it's entirety. This form, along with the required supporting documentation, must be submitted to you local county clerk's office. For emergency plate renewals, please check the name against the current agency listing.

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|--|---|--|
| A. APPLICANT AN | ID VEHICLE INFORMATION: | |
| Full name of Requestor: | | Phone: |
| Member or Retired Firefighter with: | | in, TN |
| | | in, TN, TN, ame of hospital/medical center) |
| Address: | City: | State: Zip: |
| Mailing Address (i | f different): | |
| VIN: | Make: _ | Year: |
| B. PLATE REQUES | T AND PROOF REQUIRED: | |
| Plate E-Plate | Title Auxiliary Police Unit w/Civil Defense | Required Documents Official Identification Card |
| E-Plate | Civil Air Patrol/Civil Defense Organization/ Emergency Management Agency | Permanent Official Registration Card and letter from local C Defense/Emergency Management Director |
| E-Plate | Emergency Medical Technician/Paramedic/ Other Emergency Medical Responders | Current, Valid Paramedic or EMT license/Emergency Medica Responder's Certification |
| E-Plate | Full Time Police Officer | Authorization from the Chief Law Enforcement Officer of Organization |
| E-Plate | Trauma Nurse | Certification from Trauma Center/Emergency Room confirm applicant is an employed trauma nurse |
| E-Plate | On Call Surgical Personnel | Licensed or certified according to TCA Title 63 or as a surge technologist under Title 68 chapter 57, serving in a hosp emergency room/ surgical department confirming employm |
| E-Plate | Constable | Official Identification Card |
| Trauma Physician | Trauma Physician | Statement of Certification from Board of Medical Examiners and from the Trauma Center in a hospital/other medical faci |
| Firefighters Plate | Firefighter (including retired) | Proof of current/former membership in a firefighting unit |
| Rescue Squad | Rescue Squad | Badge as a Member of TN Association of Rescue Squads or of members from the Captain of the local Rescue Squad |
| E-Plate | Emergency Communications Dispatcher | Statement or certification from the municipality, county, or district by which the dispatcher is employed. |
| | • | ties of perjury, I hereby certify this information is |
| correct to the best of my knowledge. Applicant's Signature: | | Date: |