



**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.

<input type="checkbox"/> Permanent Disability Placard with no vehicle registration in applicant's name*	\$ 21.50
<input type="checkbox"/> Permanent Disability Placard with vehicle registration in applicant's name	No Charge
<input type="checkbox"/> Temporary Disability Placard	\$ 10.00
<input type="checkbox"/> Renewal Temporary Disability Placard	\$ 10.00
<input type="checkbox"/> Renewal Permanent Disability Placard	\$ 3.00
<input type="checkbox"/> Replacement Placard	\$ 2.00
<input type="checkbox"/> Disabled Person License Plate	\$ 21.50
<input type="checkbox"/> Disabled Person License Plate (Confined to a Wheelchair)	No Charge
<input type="checkbox"/> 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

**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

## REFERENCE MATERIALS FOR DISABLED PERSON LICENSE PLATE/PLACARD/DECAL APPLICATION

Tennessee Code Annotated Sections 55-21-101 through 55-21-152

- (1) A disabled person is:
  - one who is disabled by paraplegia, amputation of leg, foot or both hands, or other condition, certified by a physician duly licensed to practice medicine, resulting in an equal degree of disability (specifying the particular condition) so as not to be able to get about without great difficulty, including impairments that, regardless of cause or manifestation, confine such person to a wheelchair or cause such person to be so ambulatory disabled that he or she cannot walk two hundred feet (200') without stopping to rest and includes, but is not limited to, those persons using braces or crutches, arthritics, spastics and those with pulmonary or cardiac ills who may be semi-ambulatory;"
  - the owner of a motor vehicle with vision of not more than 20/200 with correcting glasses.
  - the owner of a motor vehicle who is so ambulatory disabled that he or she cannot walk two hundred feet (200') without stopping to rest and who is seeking treatment and/or healing solely by prayer through spiritual means in the practice of religion in accordance with the creeds or tenets of the First Church of Christ, Scientist in Boston, Massachusetts. Such condition shall be certified by a Christian Science practitioner listed in The Christian Science Journal as resulting in a degree of disability so that such person is not able to get about without great difficulty;"
- (2) One (1) registration and license plate shall be provided free to those disabled persons that are permanently and totally confined to a wheelchair, when so certified by a physician's statement.
- (3) Any owner or lessee of a motor vehicle who is permanently disabled as certified by a physician licensed to practice medicine, a physician's assistant or nurse practitioner acting in conjunction with a written protocol developed jointly by a physician, or a Christian Science practitioner OR any owner or lessee of a motor vehicle who is the parent or legal guardian of a person who is permanently disabled and who is incapable of operating a motor vehicle, qualifies for a disabled person license plate.
- (4) Permanent and temporary placards shall be issued by the local county clerks.
- (5) Permanent placards
  - may be issued to persons who are permanently disabled as noted on the physician's statement;
  - may be issued to the parent or legal guardian of a permanently disabled individual;
  - shall cost the same as the regular fee for passenger motor vehicles;
  - shall expire two (2) years from the date issued.
- (6) Temporary placards
  - may be issued to persons who are temporarily disabled by a non-ambulatory or semi-ambulatory condition due to surgery, bone fracture or breakage, or similar condition, and whose temporary disabling condition and the estimated duration of such condition is noted on the physician's statement;
  - shall cost \$10.00 for the initial placard issuance and subsequent renewals;
  - shall be issued for the estimated duration of the condition, but not in excess of six (6) months;
  - the use of a "prescription pad" statement can also be used as evidence to determine eligibility for a temporary placard if it is attached to form RV-F1310301 and describes the mobility disabilities as "non-ambulatory" or "semi-ambulatory".
- (7) Disabled Driver Decal
  - may be issued to allow holders of new specialty earmarked license plates to keep their specialty plate but take advantage of the disabled parking privileges.

**NOTE:** An affidavit must accompany this application when replacing a lost or stolen placard. If the placard is mutilated, the remaining portion of the placard must also accompany the application.