

TENNESSEE DEPARTMENT OF REVENUE

Emergency License Plate Authorization

RV-F1313901 (6-20)

☐ Approved ☐ Denied

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.

Full name of Requestor: Member or Retired Firefighter with: (name of agency/dept/associat		Phone:	
		on) in name of hospital/medical center)	
	(name 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	
O E-Plate	Civil Air Patrol/Civil Defense Organization/ Emergency Management Agency	Permanent Official Registration Card and letter from Defense/Emergency Management Director	local Civ
○ E-Plate	Emergency Medical Technician/Paramedic/ Other Emergency Medical Responders	Current, Valid Paramedic or EMT license	
O E-Plate	Full Time Police Officer	Authorization from the Chief Law Enforcement Off Organization	icer of tl
○ E-Plate	Trauma Nurse	Certification from Trauma Center/Emergency Room applicant is an employed trauma nurse	confirmir
○ E-Plate	On Call Surgical Personnel	Licensed or certified according to TCA Title 63 or as technologist under Title 68 chapter 57, serving in emergency room/ surgical department confirming er	a hospit
○ E-Plate	Constable	Official Identification Card	
O Trauma Physician	Trauma Physician	Statement of Certification from Board of Medical Exa and from the Trauma Center in a hospital/other med	
O Firefighters Plate	Firefighter (including retired)	Proof of current/former membership in a firefighting	unit
O Rescue Squad	Rescue Squad	Badge as a Member of TN Association of Rescue Squ of members from the Captain of the local Rescue Squ	ıads or li ıad
	ERTIFICATION STATEMENT: Under penals of my knowledge.	alties of perjury, I hereby certify this information	on is
Applicant's Signature:		Date:	-