



**TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE SERVICES DIVISION**

**APPLICATION FOR DISABLED PERSON LICENSE PLATE AND/OR PLACARD**

To obtain a disabled person **parking placard**, complete **Section B**.

To obtain a disabled person **license plate**, complete **Section C**.

**Section D** must be completed when applying for the initial disabled placard or plate, and every temporary placard. 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://www.tn.gov/revenue/vehicle/countyclerks.shtml> for your local county clerk's 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 (valid for 6 months)	\$10.00
<input type="checkbox"/> Renewal Temporary Disability Placard (valid for 6 months)	\$10.00
<input type="checkbox"/> Renewal Permanent Disability Placard (required when renewing any permanent 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

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

**B. Complete the information below, only if requesting a disabled person parking placard.**  
*If your application is only for a license plate, it is not necessary to complete this portion.*

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:** Please provide the description information for the vehicle to which plates will be affixed, below.  
*If your application is only for a placard, it is not necessary to complete this portion.*

YEAR	MAKE	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER
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**Applicant Certification Statement:** I, the undersigned applicant, hereby 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.

For applicants who are a parent or legal guardian of a permanently disabled individual, please indicate the following:

Disabled person's name: \_\_\_\_\_ Applicant is this person's (check one):  Parent  Legal Guardian

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

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PAGE 2 CERTIFICATION OF DISABILITY

Tennessee Code Annotated Section 55-21-103(f) requires any person who was previously issued a **temporary placard** to submit a new certification prior to the renewal of the temporary placard. **Permanent placard renewals do not require a new certification.** (Please see 'Reference Material for Disabled Person License Plate/Placard Application' on the next page for more information.)

APPLICANT'S NAME \_\_\_\_\_

**D. 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  temporary

Physician's or Christian Science Practitioner's Name \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code Telephone Number

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 55-21-104(4).

Physician's or Christian Science Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY CLERK USE ONLY

\_\_\_\_\_  
Approved By Date Approved Placard Number Assigned Expiration Date