



TENNESSEE DEPARTMENT OF REVENUE

RV-F16020 (8-20)

Application for Deaf/Hard of Hearing Registration Designation or Hearing Impaired Decal

PURPOSE: A motor vehicle owner or lessee who is deaf or hard of hearing may use this form to request that the Department of Revenue include such designation in the Vehicle Title & Registration System database. This designation may also be made available to law enforcement. This form may also be used to request a Hearing Impaired Decal.

INSTRUCTIONS: In lieu of Section C, the applicant may provide a written report or statement indicating the applicant is deaf or hard of hearing. This report must be from an audiologist or other medical doctor licensed to practice medicine, a Christian Science Practitioner listed in the Christian Science Journal, nurse practitioner (APRN), or physician's assistant (PA). For Deaf/Hard of Hearing Designations, please submit to your local county clerk's office. Hearing Impaired Decal requests must be submitted to the Vehicle Services Division, 500 Deaderick Street, Nashville, TN, 37242.

Please indicate request: Deaf/Hard of Hearing Designation Hearing Impaired Decal

A. APPLICANT/VEHICLE INFORMATION:

Name: Phone: Street Address: City: State: Zip: Vehicle Identification Number (VIN): Title Number:

B. Hearing Impaired Decal:

If applying for a hearing impaired decal(s) for the first time, please complete part 1 and provide the VIN(s) to each vehicle for which the hearing impaired decal will be affixed. For applicants applying only for a second hearing impaired decal, please complete part 2:

- 1. First Decal - Free VIN: Second Decal - \$5.00 VIN: 2. I am applying for a second decal for my vehicle with VIN I already have a hearing impaired decal for vehicle with VIN

C. CERTIFICATION OF HEARING IMPAIRMENT

This section must be completed by an audiologist or other medical doctor licensed to practice medicine, a Christian Science Practitioner listed in the Christian Science Journal, nurse practitioner (APRN), or physician's assistant (PA).

Applicant is (check one):

- Deaf Hard of Hearing

Name of Doctor/Christian Science Practitioner/APRN/PA: 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 Doctor/Christian Science Practitioner/APRN/PA: Date:

D. APPLICANT CERTIFICATION STATEMENT:

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

Applicant's Signature: Date: