

TENNESSEE DEPARTMENT OF REVENUE

Order Request for Forms or License Plates

Name of B	usiness/County:			
Ship to (Str	reet Address):			
City: State: Zip:		Phone Number:		
Contact Na	ame:			
Form Nu Class C	Describtion of them Requested	d/Plate Description Name	Balance On Hand	Quantity Requested
Importan	t Notes:			
• RV form numbers and class codes <u>must be</u> listed in the form number/class code field.				
• Pl	Please allow two (2) weeks for order processing.			
	When placing an order, please make full use of the space provided to avoid sending multiple order request forms, which may delay the processing of your order.			
	Please provide "balance on hand" information. Orders received without this information will not be processed.			
Pl	Please submit orders or questions by: Email: dg_plate&supply.team@tn.gov OR Fax: 615-253-5587			