

TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION



EMERGENCY LICENSE PLATE AUTHORIZATION

Complete this form if E-Plates, Firefighter, Rescue Squad or Trauma Physician Plates are requested
NOT REQUIRED FOR IAFF OR FOP PLATES

(This form is not required for renewal of emergency plates, just check name against current agency listing)

SECTION 1. GENERAL INFORMATION

Full Name of Person Requesting Emergency Plates _____

Is a Member of or Retired Firefighter with the _____ in _____, TN
(Name of Fire or Police Precinct, Rescue Squad
or Emergency Management Association)

Or is a Trauma Physician, Nurse or On call Surgical staff at _____
Name of Hospital or Medical Center

Residential Address _____

City _____ State _____ Zip _____ Telephone _____

Mailing Address _____
(If different from above)

SECTION 2. VEHICLE INFORMATION

Make _____ Year _____ VIN _____

SECTION 3. TYPE OF PLATE AND REQUIRED DOCUMENTATION FOR OBTAINING EMERGENCY PLATES

Type of Plate—Circle Category

E-Plate (Check one) **Auxiliary Police Unit w/Civil Defense** Authorities Required Documentation: Official Identification Card
Tenn. Code. Ann. § 55-4-223(b)

Civil Air Patrol/Civil Defense Organization/Emergency Management Agency Required Documentation:
Permanent Official Registration Card and a letter from the local Civil Defense/ Emergency Management
Director Tenn. Code. Ann. § 55-4-223(c)

Emergency Medical Technician/Paramedic Required Documentation: Current, Valid Paramedic or EMT
License Tenn. Code. Ann. § 55-4-223(d)

Full Time Police Officer Required Documentation: Authorization from the Chief Law Enforcement Officer
of the Organization Tenn. Code. Ann. § 55-4-223(f)

Trauma Nurse Required Documentation: Certification from Trauma Center or Emergency room confirming
that applicant is a trauma nurse in their employment. Tenn. Code. Ann. §55-4-223(h)

On Call Surgical Personnel Required Documentation: licensed or certified according to Tenn. Code Ann.
Title 63 or as a surgical technologist under title 68, chapter 57, serving in a hospital, emergency room or
surgical department who submits a statement or certification from such hospital, emergency room or surgical
department confirming that the applicant is on-call surgical personnel, Tenn. Code. Ann. §55-4-223(i)

Constable Required Documentation: Official Identification Card Tenn Code Ann. § 55-4-223(k)

Trauma Physician Required Documentation: Statement of Certification from Board of Medical Examiners and from the
Trauma Center in a hospital or other medical facility Tenn. Code. Ann. § 55-4-223(g)

Firefighters Plate Required Documentation: Proof of current or former* membership in a firefighting unit (retired firefighters in good
standing are now eligible for this plate) Tenn. Code. Ann. § 55-4-224

Rescue Squad Plate Required Documentation: Badge as Member of Tennessee Association of Rescue Squads or list of
eligible members from the Captain of the local Rescue Squad Tenn. Code. Ann. § 55-4-223(d)

SECTION 4. CERTIFICATION--Under Penalties of Perjury, I Hereby Certify This Information is Correct to the Best of My Knowledge.

SIGNATURE OF PERSON COMPLETING FORM DATE

SECTION 5. APPROVAL--THIS AUTHORIZATION FORM HAS BEEN _____ APPROVED _____

DENIED _____

SIGNATURE OF COUNTY CLERK/DESIGNEE DATE