

**VEHICLE SERVICES DIVISION**



**ORDER REQUEST FOR LICENSE PLATES**

**NAME OF COUNTY:** \_\_\_\_\_

**SHIP TO (STREET ADDRESS):** \_\_\_\_\_

**(CITY, STATE, ZIP):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_

CLASS CODE	PLATE TYPE NAME	BALANCE ON HAND	QUANTITY REQUESTED

**IMPORTANT NOTES:**

- **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 INFORMATION WILL NOT BE PROCESSED**

**PLEASE SUBMIT ORDERS BY:**      **EMAIL:** [dg\\_plate&supply.team@tn.gov](mailto:dg_plate&supply.team@tn.gov) OR  
**FAX:** 615-253-5587