Print Reset

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 OR**
FAX: 615-253-4260