

TENNESSEE DEPARTMENT OF REVENUE
TAXPAYER AND VEHICLE SERVICES DIVISION

EMERGENCY LICENSE PLATE AUTHORIZATION
FORM RV-F1313901—SIDE A

If your county is selling an emergency vehicle use Side B

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 necessary 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 THE _____ IN _____, TENNESSEE
(Name of Fire or Police Precinct, Rescue Squad
or Emergency Management Association)

OR IS A TRAUMA PHYSICIAN AT _____ (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—Form not necessary to obtain IAFF or FOP plates—

Type of Plate—Circle Category

- E-Plate (Check one)** **Auxiliary Police Unit w/Civil Defense Authorities**
T.C.A. § 55-4-222 *Required Documentation:* Official Identification Card
- 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
- Emergency Medical Technician/Paramedic**
Required Documentation: Official Identification Card
- Full Time Police Officer**
Required Documentation: Authorization from the Chief Law Enforcement Officer of the
Organization
- Trauma Physician** *Required Documentation:* Statement of Certification from Board of Medical Examiners and from the
T.C.A. § 55-4-222 Trauma Center in a hospital or other medical facility
- Firefighters Plate** *Required Documentation:* Proof of current membership in a firefighting unit
T.C.A. § 55-4-241
- Rescue Squad Plate** *Required Documentation:* Badge as Member of Tennessee Association of Rescue Squads or list of
T.C.A. § 55-4-222 eligible members from the Captain of the local Rescue Squad

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 (T.C.A § 55-2-107)

