

TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION



EMERGENCY LICENSE PLATE AUTHORIZATION
FORM RV-F1313901—SIDE A

If 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 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. § 55-4-222(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. § 55-4-222(c)**
 - Emergency Medical Technician/Paramedic**
Required Documentation: Current, Valid Paramedic or EMT License **Tenn. Code Ann. § 55-4-222(d)**
 - Full Time Police Officer**
Required Documentation: Authorization from the Chief Law Enforcement Officer of the Organization **Tenn. Code Ann. § 55-4-222(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. §55-4-222(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. §55-4-222(i)**
- 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. § 55-4-222(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. § 55-4-241**
- 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. § 55-4-222(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

(Tenn. Code Ann. § 55-2-107)

SIGNATURE OF COUNTY CLERK/DESIGNEE DATE

TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION



AUTHORIZATION FOR THE SALE OF AN EMERGENCY VEHICLE
Form RV-F1313901--SIDE B

If requesting emergency plates use Side A
Complete this side only when transferring ownership of any government
owned emergency vehicle to any other individual or entity.
Physical possession of the vehicle CANNOT be transferred until this form
is completed and processed by the appropriate County Clerk's Office

SECTION 1. SELLER AND PURCHASER INFORMATION

NAME OF SELLER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

NAME OF PURCHASER _____

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

MAILING ADDRESS _____
(If different from above)

SECTION 2. VEHICLE INFORMATION (COMPLETE AS MUCH INFORMATION AS POSSIBLE)

MAKE _____ YEAR _____ VIN _____

CIRCLE TYPE: FIRE APPARATUS AMBULANCE POLICE VEHICLE OTHER _____

IS VEHICLE BEING SOLD FOR SALVAGE _____

WILL VEHICLE BE REGISTERED OUT OF STATE _____ IF SO, WHICH STATE _____

SECTION 3. REQUIRED DOCUMENTATION (Tenn. Code. Ann. § 55-2-103)

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM BEFORE A CERTIFICATE OF TITLE IS ISSUED FOR THIS VEHICLE:

Bill of Sale

MSO or Certificate of Title

Payment Method (Cash, Check, Lien)

Name and Bona Fide Address of Purchaser

Copy of Driver License of Individual or Agent Authorized to Purchase Vehicle

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

(Tenn. Code Ann. § 55-2-107)

SIGNATURE OF COUNTY CLERK/DESIGNEE DATE