

# Special Instructions for Hamilton County Residents

## • To Obtain a Placard

Complete the application and make check payable to "County Clerk."

- 1) Mail to: P O Box 24868, Chattanooga TN 37422-4868, OR
- 2) Present in person to either Room 101 Courthouse or Bonny Oaks Branch office.

## • To Obtain a Plate for the First Time

Complete the application and present along with the old plate from car to either Room 101 Courthouse or Bonny Oaks Branch office.

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## Directions

From Website: <http://www.countyclerkanytime.com/directions.aspx>

Address for GPS (not valid address for mail)

Courthouse: 625 Georgia Avenue, Chattanooga TN

Bonny Oaks Branch: 6135 Heritage Park Drive, Chattanooga TN



**TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE SERVICES DIVISION**

**APPLICATION FOR DISABLED PERSON LICENSE PLATE AND/OR PLACARD**

To obtain a disabled person **parking placard**, complete **Section B**.

To obtain a disabled person **license plate**, complete **Section C**.

**Section D** must be completed when applying for the initial disabled placard or plate, and every temporary placard. Form must be completed in the name of the applicant. Please complete all information, sign and submit the form in person or by mail to your local County Clerk's office. Go to <http://www.tn.gov/revenue/vehicle/countyclerks.shtml> for your local county clerk's contact information.

**A. FEES:** Please make your selection(s) below. State fees are indicated below.  
Additional County Clerk fees may apply. Contact your local County Clerk for more information.

|  |           |
|--|-----------|
| <input type="checkbox"/> Permanent Disability Placard with no vehicle registration in applicant's name*      | \$21.50   |
| <input type="checkbox"/> Permanent Disability Placard with vehicle registration in applicant's name*         | No Charge |
| <input type="checkbox"/> Temporary Disability Placard (valid for 6 months)                                   | \$10.00   |
| <input type="checkbox"/> Renewal Temporary Disability Placard (valid for 6 months)                           | \$10.00   |
| <input type="checkbox"/> Renewal Permanent Disability Placard (required when renewing any permanent placard) | \$3.00    |
| <input type="checkbox"/> Replacement Placard   | \$2.00    |
| <input type="checkbox"/> Disabled Person License plate   | \$21.50   |
| <input type="checkbox"/> Disabled Person License Plate (Confined to a wheelchair)                            | No Charge |

\*Expires after two (2) years. To renew, submit application with the appropriate renewal fees.

**B. Complete the information below, only if requesting a disabled person parking placard.**  
*If your application is only for a license plate, it is not necessary to complete this portion.*

|                |             |           |                |        |       |      |
|----------------|-------------|-----------|----------------|--------|-------|------|
| FIRST NAME     | MIDDLE NAME | LAST NAME | DATE OF BIRTH: | MONTH  | DAY   | YEAR |
| STREET ADDRESS |             |           | CITY OR TOWN   | COUNTY | STATE | ZIP  |

**C. Complete the information below, only if requesting a disabled person license plate:** Please provide the description information for the vehicle to which plates will be affixed, below.  
*If your application is only for a placard, it is not necessary to complete this portion.*

|      |      |              |                               |
|------|------|--------------|-------------------------------|
| YEAR | MAKE | TITLE NUMBER | VEHICLE IDENTIFICATION NUMBER |
|------|------|--------------|-------------------------------|

**Applicant Certification Statement:** I, the undersigned applicant, hereby under the penalties prescribed in Tenn. Code Ann. §§ 55-21-108 and/or 55-21-103, that the statements made herein are true and correct to the best of my knowledge, information and belief.

For applicants who are a parent or legal guardian of a permanently disabled individual, please indicate the following:

Disabled person's name: \_\_\_\_\_ Applicant is this person's (check one):  Parent  Legal Guardian

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE SERVICES DIVISION

APPLICATION FOR DISABLED PERSON LICENSE PLATE AND/OR PLACARD  
PAGE 2 CERTIFICATION OF DISABILITY

Tennessee Code Annotated Section 55-21-103(f) requires any person who was previously issued a **temporary placard** to submit a new certification prior to the renewal of the temporary placard. **Permanent placard renewals do not require a new certification.** (Please see 'Reference Material for Disabled Person License Plate/Placard Application' on the next page for more information.)

APPLICANT'S NAME \_\_\_\_\_

**D. CERTIFICATION OF DISABILITY:** The section below **must be completed** by a medical doctor licensed to practice medicine or a Christian Science Practitioner listed in the Christian Science Journal. (This is not required when *renewing* a **permanent disability placard or disabled person license plate**, but is required each time a temporary disability placard is requested.)

Mechanical device used:  Crutches  Braces Other (list) \_\_\_\_\_

Is applicant PERMANENTLY confined to a wheelchair?  Yes  No

The nature of the disability is \_\_\_\_\_

Is disability?  permanent  temporary

Physician's or Christian Science Practitioner's Name \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code Telephone Number

In accordance with Tenn. Code Ann. §§ 55-21-103 and 55-21-152, I hereby certify that the disabled individual named in this application has appeared before me and that, in my opinion, he or she meets the requirements of Tenn Code Ann. 55-21-102(3)(A), (B), and (C) or 55-21-104(4).

Physician's or Christian Science Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COUNTY CLERK USE ONLY

\_\_\_\_\_  
Approved By Date Approved Placard Number Assigned Expiration Date

## REFERENCE MATERIAL FOR DISABLED PERSON LICENSE PLATE/PLACARD APPLICATION

Tennessee Code Annotated Sections 55-21-101 through 55-21-108

- (1) A disabled person is:
  - one who is disabled by paraplegia, amputation of leg, foot or both hands, or other condition, certified by a physician duly licensed to practice medicine, resulting in an equal degree of disability (specifying the particular condition) so as not to be able to get about without great difficulty, including impairments that, regardless of cause or manifestation, confine such person to a wheelchair or cause such person to be so ambulatory disabled that he or she cannot walk two hundred feet (200') without stopping to rest and includes, but is not limited to, those persons using braces or crutches, arthritics, spastics and those with pulmonary or cardiac ills who may be semi-ambulatory;”
  - the owner of a motor vehicle with vision of not more than 20/200 with correcting glasses.
  - the owner of a motor vehicle who is so ambulatory disabled that he or she cannot walk two hundred feet (200') without stopping to rest and who is seeking treatment and/or healing solely by prayer through spiritual means in the practice of religion in accordance with the creeds or tenets of the First Church of Christ, Scientist in Boston, Massachusetts. Such condition shall be certified by a Christian Science practitioner listed in The Christian Science Journal as resulting in a degree of disability so that such person is not able to get about without great difficulty.
- (2) One (1) registration and license plate shall be provided free to those disabled persons who are permanently and totally confined to a wheelchair, when so certified by a physician's statement.
- (3) Any owner or lessee of a motor vehicle who is permanently disabled as certified by a physician licensed to practice medicine, a physician's assistant or nurse practitioner acting in conjunction with a written protocol developed jointly by a physician, or a Christian Science practitioner OR any owner or lessee of a motor vehicle who is the parent or legal guardian of a person who is permanently disabled and who is incapable of operating a motor vehicle, qualifies for a disabled person license plate.
- (4) Permanent and temporary placards shall be issued by the participating county clerks.
- (5) Permanent placards
  - may be issued to persons who are permanently disabled as noted on the physician's statement;
  - may be issued to the parent or legal guardian of a permanently disabled individual;
  - shall cost the same as the regular fee for passenger motor vehicles;
  - shall expire two (2) years from the date issued.
- (6) Temporary placards
  - may be issued to persons who are temporarily disabled by a non-ambulatory or semi-ambulatory condition due to surgery, bone fracture or breakage, or similar condition, and whose temporary disabling condition and the estimated duration of such condition is noted on the physician's statement;
  - shall cost \$10.00 for the initial placard issuance and subsequent renewals;
  - shall be issued for the estimated duration of the condition, but not in excess of six (6) months;
  - the use of a "prescription pad" statement can also be used as evidence to determine eligibility for a temporary placard if it is attached to form RV-1310301 and describes the mobility disabilities as “**non-ambulatory**” or “**semi-ambulatory**”.

**NOTE: An affidavit must accompany this application when replacing a lost or stolen placard. If the placard is mutilated, the remaining portion of the placard must also accompany the application.**