

TENNESSEE DEPARTMENT OF REVENUE

Application for Deaf/Hard of Hearing Registration Designation

A motor vehicle owner or lessee who is deaf or hard of hearing may use this form to request that the Department of Revenue include such designation in the Vehicle Title & Registration System database. This designation may also be made available to law enforcement.

All parts of this application must be completed. In lieu of Section C, the applicant may provide a written report or statement indicating the applicant is deaf or hard of hearing. This report must be from an audiologist or other medical doctor licensed to practice medicine, a Christian Science Practitioner listed in the Christian Science Journal, nurse practitioner (APRN), or physician's assistant (PA).

A. APPLICANT/VEHICLE INFORMATION: Name:		Phone		
Street Address:				
Vehicle Identification Number (VIN):		Title Nu	umber:	<u> </u>
B. APPLICANT CERTIFICATION STATEMENT:				
I, the undersigned applicant, hereby certify tha knowledge, information and belief.	at the statements m	ade herein are tr	rue and cori	rect to the best of my
Applicant's Signature:	Date:			
C. CERTIFICATION OF HEARING IMPAIRMENT: doctor licensed to practice medicine, a Christian practitioner (APRN), or physician's assistant (PA).	Science Practitioner			
Applicant is (check one): Deaf				
Hard of Hearing				
Name of Doctor/Christian Science Practitioner/A Address:City:	\PRN/PA State:	Zip Code:	Telepho	ne No:
I hereby certify that the statements made herein belief.				
Signature of Doctor/Christian Science Practitione	er/APRN/PA:			Date:

Application may be mailed or submitted in person at the local county clerk's office.

For questions, please submit an online help ticket at www.tn.gov/revenue or call 615-741-3101.