TENNESSEE DEPARTMENT OF REVENUE TAXPAYER AND 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							
Is A Member of or Retired Firefighter with thein, 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															
Desidential Address															
-		-	Telephone												
(If different from above	e)														
SECTION 2. VEHIC															
SECTION 2. VEHICI	LE INFORMATION														
Make	Year	VIN													
SECTION 3. TYPE OF PLATE AND REQUIRED DOCUMENTATION FOR OBTAINING EMERGENCY PLATES															
Type of Plate—Circle	Category														
		Nivil Dofongo Authouitic													
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: Official Identification Card Tenn. Code. Ann. § 55-4-222(d)														
		Authorization from the	Chief Law Enforcement Officer of the Organization	Tenn.											
	Code. Ann. § 55-4-222(f) Trauma Nurse														
	<i>Required Documentation:</i> Certification from Trauma Center or Emergency room confirming that applicant is a trauma nurse in their employment. <b>Tenn. Code. Ann. §55-4-222(h)</b>														
	<ul> <li>On Call Surgical Personnel</li> <li><i>Required Documentation:</i> licensed or certified according to Tenn. Code Ann. Title 63 or as a surgical</li> </ul>														
	technologist under title 68,	chapter 57, serving in a	hospital, emergency room or surgical department wl												
	submits a statement or cert the applicant is on-call surg		ital, emergency room or surgical department confirn <b>bode.</b> Ann. §55-4-222(i)	iing that											
Trauma Physician	<i>Required Documentation:</i> Stater Trauma Center in a hospital or o		n Board of Medical Examiners and from the n. 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) <b>Tenn. Code. Ann. § 55-4-241</b>														
Rescue Squad Plate			ee Association of Rescue Squads or list of quad <b>Tenn. Code. Ann. § 55-4-222(d)</b>												
SECTION 4. CERTIFICATIONUnder Penalties of Perjury, I Hereby Certify This Information is Correct to the Best of My Knowledge.															
SIGNATURE OF PERSON COMPLETING FORM DATE															
SECTION 5. APPRO	VALTHIS AUTHORIZATION	FORM HAS BEEN	APPROVED DENIED												
			(Tenn. Code Ann. § 55-2-107)												
SIGNATURE OF COUNTY CLERK/DESIGNEE DATE															
RV-F1313901 (REV. 7/08)															

TENNESSEE DEPARTMENT OF REVENUE TAXPAYER AND VEHICLE SERVICES DIVISION AUTHORIZATION FOR THE SALE OF AN EMERGENCY VEHICLE							
Form RV-F1313901SIDE B If requesting emergency plates use Side A Complete this side <u>only</u> when transferring ownership of any government owned emergency vehicle to <u>any other</u> 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 INFOR	MATION					
NAME OF SELLER							
ADDRESS							
CITY	STATE	ZIP	TELEPHONE				
NAME OF PURCHASER				—			
RESIDENTIAL ADDRESS							
			TELEPHONE				
MAILING ADDRESS (If different from above)							
SECTION 2. VEHICLE INFO	RMATION (COMPL)	ETE AS MUCH I	NFORMATION 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							
	will vehicle be redistered out of STATEIF 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	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 CO	MPLETING FORM	DATE	r.				
SECTION 5. APPROVAL THIS AUTHORIZATION FORM HAS BEENAPPROVEDDENIED							
			(Tenn. Code Ann. § 55-2-107)				
SIGNATURE OF COUNTY CL RV-F1313901 (REV. 7/08)	ERK/DESIGNEE	DAT	E				