RV-F16020 (3-25)

TENNESSEE DEPARTMENT OF REVENUE

Application for Deaf/Hard of Hearing Registration Designation or Hearing Impaired Decal

PURPOSE: 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. This form may also be used to request a Hearing Impaired Decal.

INSTRUCTIONS: 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). **For Deaf/Hard of Hearing Designations, please submit to your local county clerk's office. Hearing Impaired Decal requests must be mailed to the Vehicle Services Division, 500 Deaderick St, Nashville, TN 37242.**

Please indicate request: ☐ Deaf/Hard of Hearing Designation ☐ Hearing Impaired Decal

A. APPLICANT/VEHICLE INFORMATION:

Name: _____ Email: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Vehicle Identification Number (VIN): _____ Title Number: _____

B. Hearing Impaired Decal:

If applying for a hearing impaired decal(s) for the first time, please complete part 1 and provide the VIN(s) to each vehicle for which the hearing impaired decal will be affixed. For applicants applying only for a second hearing impaired decal, please complete part 2:

1. First Decal - Free VIN: _____ Second Decal - $5.00 VIN: _____

2. I am applying for a second decal for my vehicle with VIN _____.

   I already have a hearing impaired decal for vehicle with VIN _____.

C. CERTIFICATION OF HEARING IMPAIRMENT

This section must be completed by 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).

Applicant is (check one):

☐ Deaf

☐ Hard of Hearing

Name of Doctor/Christian Science Practitioner/APRN/PA: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____

I hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature of Doctor/Christian Science Practitioner/APRN/PA: _____ Date: _____

D. APPLICANT CERTIFICATION STATEMENT:

I, the undersigned applicant, hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief,

Applicant's Signature: _____ Date: _____