TENNESSEE DEPARTMENT OF REVENUE
Insurance Verification Affidavit

RVF-00114 (Rev.3-20)

PURPOSE: An individual may use this affidavit for purposes of writing a statement of facts which is sworn to be true.

INSTRUCTIONS: Please complete the affidavit in its entirety.

A. AFFIANT INFORMATION:
Name:_____ Phone: _____
Street Address:_____ City:_____ State:_____ Zip: _____

B. VEHICLE INFORMATION
Vehicle Identification Number (VIN)_____ Year: _____
Make:_____ Model: _____ Color: _____

☐ Non-use: the motor vehicle described in this document has not been operated on the roads or highways of Tennessee

☐ Registrant Out of State: Registrant no longer lives in the state of Tennessee

☐ Vehicle Sold: Vehicle is no longer owned by the person currently listed on the Tennessee record

☐ Other/Further Details:

_____

_____

_____

_____

AFFIANT CERTIFICATION STATEMENT: I, the undersigned affiant hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief. Fraudulent statements made in this application could result in denial of this request and subject the signatory to criminal and civil penalties.

Affiant's Signature: _____**Date:** _____