

APPLICATION FOR SPECIAL AMATEUR RADIO LICENSE PLATES

TAXPAYER AND VEHICLE SERVICES DIVISION TENNESSEE DEPT. OF REVENUE 44 VANTAGE WAY, SUITE 160 NASHVILLE, TENNESSEE 37243-8050	
DEAR SIR:	
I wish to make application for	(quantity) Special Amateur Radio License Plate(s).
Auto Mc	otorcycle (Please indicate type of plate needed)
FEDERAL COMMUNICATION COMMISSION CAL	LSIGN
FCC OPERATOR PRIVILEGES	
EFFECTIVE DATE	EXPIRATION DATE
NAME OF APPLICANT	
	PLEASE PRINT
STREET ADDRESS	
CITY STATE	ZIP
COUNTY	TELEPHONE # ()

I certify that I am the recipient of the F.C.C. Amateur Radio Operator License referred to above, **a copy of which is attached**, that I am a resident of the State of Tennessee and I have been issued a Tennessee Certificate of Title, or have applied for same, for the vehicle on which the special plate(s) herein requested will be registered.

SIGNED _____

APPLICANT

NOTE TO APPLICANT: DO NOT SEND ANY MONEY WITH THIS APPLICATION.