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MV-PSFR (Revised 5-2019)
Web and MV Manual

Georgia Department of Revenue - Motor Vehicle Division
Public Safety First Responder License Plate Application

Purpose of this Form: This form is to be used by any Public Safety First Responder who has received a major injury in the line of duty to apply for a Public Safety First Responder license plate. This form should not be used to record a change of ownership, change of address, or change of license plate classification.

How to submit this Form: This completed form must be submitted to your local county tag office. Please refer to our website at www.dor.georgia.gov to locate the address(es) for your specific County.

Special Information: Limit one free plate per applicant.

A REGISTRANT INFORMATION

Registrant's Full Legal Name: First Name | Middle Initial | Last Name | Suffix

Mailing Address:

City: **State:** **Zip:** **Telephone Number:**

B VEHICLE INFORMATION

Vehicle Identification Number (VIN):

Year: **Make:** **Model:**

C EMPLOYMENT INFORMATION

Organization's Name:

Occupation: (Check One)
☐ Law Enforcement Officer ☐ Emergency Medical Services Personnel ☐ Other _____
☐ Firefighter ☐ Ambulance Driver

By signing this application, you are attesting to the fact that:

(A) You suffered an injury in the course of your official duties;
(B) Your injuries required hospitalization or comparable medical treatment which resulted in permanent disability or disfigurement of the body.

Registrant's Signature Date

D CERTIFICATION FROM EMPLOYER (To be completed by the Employer)

I certify that the information contained in Section C is true, complete, and correct to the best of my knowledge and belief and that I am an authorized official of the organization named in Section C.

Authorized Official's Name: **Title:**

Telephone Number: **E-mail:**

Authorized Official's Signature Date

Have a question? Visit our website at www.dor.georgia.gov/motor-vehicles or scan the QR code above for more information.