



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: Law Enforcement Officer Emergency Medical Services Personnel Other _____
(Check One) 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