Deval L. Patrick, Governor
Timothy P. Murray, Lt. Governor
Jeffrey B. Mullan, Secretary & CEO
Rachel Kaprielian, Registrar

massDOT
Massachusetts Department of Transportation
Registry of Motor Vehicles

Print Name: _____

License/Social Security Number: _____

Date: _____

AFFIDAVIT FOR REPLACEMENT PLACARD:

I, _____
Last First Middle

_____
Address

_____
City/Town Zip Code

Declare that my Handicap Placard No. _____ has been lost or stolen.

I understand that upon receipt of a replacement placard that the original will no longer be valid. I understand that should the original placard be found, it is to be returned to the Registry of Motor Vehicles forthwith. I further understand that a placard is valid only for the handicapped person to whom it is issued and is not transferable to another party.

A duplicate copy of this affidavit shall be sent to the parking commission of the handicapped person's home of record.

Signed under the penalties of perjury.

_____
Signature

_____
Date

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