



Request for Replacement Placard

Registry of Motor Vehicles • Medical Affairs

P.O. Box 55889 • Boston, MA 02205-5889

Phone: (857) 368-8020 • Fax: (857) 368-0018

A. Applicant Information

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

Massachusetts License # OR Social Security #

Residential Address

Street	Apt. #	City	State	Zip Code
--------	--------	------	-------	----------

B. Declaration and Signature

I hereby declare that my Disabled Parking Placard Number (leave blank if not known) _____ has been lost or stolen.

I further declare that the Placard was not confiscated by law enforcement nor was a citation issued for placard abuse to myself or any other person.

I understand that upon receipt of a replacement placard, 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 disabled person to whom it is issued and is not transferable to another party.

I certify under the penalty of perjury that the information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____