Application for Replacement Disability Parking Placard

This space for use by Secretary of State.

Secretary of State
Vehicle Services Department
Special Plates Division
501 S. Second St., Rm. 541
Springfield, IL 62756

www.cyberdriveillinois.com

When replacing a permanent disability parking placard, submit all documentation and fees to the Springfield office.

If mailing, use the address at left.

Name of Person with Disability _____

Address _____ City/State/ZIP _____

Telephone _____ Date of Birth _____

Please check applicable box(s):

- ❑ $10 Replacement Fee due to:
  - ❑ Lost
  - ❑ Damaged/Mutilated
  - ❑ Stolen —Attach Police Report
  - ❑ Non-Receipt

- ❑ Circuit Breaker (No fee for qualified applicants.)

_____ Date

_____ Applicant's Signature

WARNING: MISUSE OF OR FALSE APPLICATION FOR A PERSONS WITH DISABILITIES PARKING PLACARD can result in its revocation, a 30-day driver's license suspension, and a fine of up to $1,000. The person with disabilities must exit or enter the vehicle when parking in reserved spaces or when parking at metered spots.

If your name and/or address is different than when you last received your parking placard, please indicate your previous name and/or address below.

Name _____

Address _____ City/State/ZIP _____

FOR OFFICE USE ONLY
(must be completed by facility)

Current Placard # (if not shown above) _____ Issued By _____
Operator ID# and initials

New Placard # _____ Issue Date _____

Expiration Date _____ Facility Name _____
If for replacement, must retain original expiration date.

Printed on recycled paper.
Printed by authority of the State of Illinois. March 2010 —10M —VSD 415.9