



40-0112 R10/18 azdot.gov

Renew By Mail
Motor Vehicle Division
PO Box 29035
Phoenix AZ 85038

PLACARD REPLACEMENT REQUEST

Placard Type <input type="checkbox"/> Disability Parking Placard <input type="checkbox"/> Hearing Impaired Placard

Applicant Name (person with a disability or hearing impaired or organization)	Phone ()	Current Placard Number
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Applicant Mailing Address	City	State	Zip
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Organization Representative Name	Title
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- Individuals** I certify that I have a permanent disability or hearing impaired as stated on my original application for this placard and agree to take full responsibility for the use of the Disability Placard issued to me.
- Organizations** I certify that this placard is for a vehicle that is primarily used for transportation of persons with a physical disability as stated on my original application for this placard.

Applicant Signature

MVD Use

Placard Issued	RACF	Issue Date
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