



# 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.

