



Motor Vehicle Division

40-0112 R07/14 azdot.gov

Mail Drop 801Z
Special Plates Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

PLACARD RENEWAL/REPLACEMENT REQUEST

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

Request Type <input type="checkbox"/> Renewal * <input type="checkbox"/> Replacement (placard was lost, stolen, destroyed or mutilated; if mutilated must be returned)

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.
- 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

* For **renewals**, must have notary or MVD agent signature
(not required for organizations or for replacements)

Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires

New Placard Number (MVD Use)
