



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.