

STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES DISABILITY PARKING PLACARDS OFFICE

600 New London Avenue, Cranston, RI 02920-3024

Phone: 401-462-4368 www.dmv.ri.gov



AFFIDAVIT FOR LOST PARKING PLACARD

This is to certify that the applicant has lost his or her placard and is canceling the lost placard and requesting a new numbered placard and certificate. If the placard holder comes in person to the Disability Placard Office with the affidavit, the placard holder must show a license or state ID to obtain a new placard. If a person other than the placard holder brings in the affidavit, it must be signed by the placard holder and notarized. If the affidavit is sent by mail, it must be signed by the placard holder and notarized.

Placard Owner's Full Name:	Date of Birth:
Residential Address:	Telephone:
Mailing Address (if different from residential):	
Placard Number (if known):	
PLEASE READ: Rhode Island General Law § 31-28-7 (d) states, "A person, other than a person with a disability, who for his or her own purposes uses the parking privilege placard, shall be fined five hundred dollars (\$500) for each violation. A person issued a special placard who uses the placard after expiration, or who shall allow unauthorized use of the disability parking placard or sticker, may be subject to immediate revocation of the use of the placard by the division of motor vehicles, and subject to a fine of five hundred dollars (\$500)."	
I, the undersigned, hereby affirm that all statements hereand belief.	rein are true and accurate to the best of my knowledge
Signature of Placard Holder (or Power of Attorney)	Date
IF AFFIDAVIT IS SENT BY MAIL, YOU WILL NEED TO INFORMATION BELOW WILL NEED TO BE COMPLETED	
Notary Public Signature	Date
Notary Public Name	Commission Exp. Date
FOR DMV	USE ONLY
Date new placard was issued: Pl	acard # issued: