



# 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**

**When replacing a permanent disability parking placard, submit all documentation and fees to the Springfield office.**

**If mailing, use the address at left.**

[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

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.