



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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 herein are true and accurate to the best of my knowledge and belief.

Signature of Placard Holder (or Power of Attorney)

Date

IF AFFIDAVIT IS SENT BY MAIL, YOU WILL NEED TO HAVE YOUR SIGNATURE NOTARIZED AND THE INFORMATION BELOW WILL NEED TO BE COMPLETED BY A NOTARY PUBLIC.

Notary Public Signature

Date

Notary Public Name

Commission Exp. Date

FOR DMV USE ONLY

Date new placard was issued: _____ Placard # issued: _____