



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES
DISABILITY PARKING PLACARDS OFFICE
600 New London Avenue, Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-0829
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. After completing and notarizing the form, please mail or fax the form to the address or fax number above.

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

WHEN MAILING OR FAXING THE AFFIDAVIT, 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: \_\_\_\_\_