

Disabled Parking Replacement of ID Card, Placard, Plate or Tab

Use this form to replace your disabled parking license plate, license plate with tab, ID card, or placard.

If your disabled parking privilege has expired, a new application and authorization from your healthcare provider is required (see form <u>TD-420-073</u>, <u>Disabled Parking Application for Individuals</u>).

Take this completed form and applicable fees, in a check or money order payable to Department of Licensing, to any vehicle licensing office or mail to:

Application and Issuance Department of Licensing PO Box 9043 Olympia, WA 98507-9043

Questions: Contact our Customer	Care center at 360.902.3770 or	CustomerCare@dol.	<u>wa.gov</u> .	
Replace the following disabled part ID card Placard number (list all placard number (call) Disabled license plate number (call)	mbers): Il or visit any vehicle licensing office	for applicable fees):		
☐ License plate with disabled parking	g tab (call or visit any vehicle licensi	ng office for applicable f	ees):	
Applicant (individual with disabi	lity)			
PRINT or TYPE Name		Date of birth (mm/dd/yyyy)		
Address				
City		State	ZIP code	
10-digit phone number	Email	l I	I	
NOTE: The address you provide To update your vehicle or driver lice		led Parking record	only.	
Vehicle address-go to dol.wa.g	ov/vehicleregistration/changead	<u>ldress.html</u> or visit an	y vehicle licensing office.	
• Driver license address-go to do	ol.wa.gov/driverslicense/address	schange.html or visit a	any driver licensing office.	
Complete this section if signing	for the applicant			
Name			Relationship	
Address		,		
City		State	ZIP code	
I declare under penalty of perjury	under the law of Washington the	at the foregoing is true	e and correct.	
Date and place (city or county) signed	X Signature of applic	Signature of applicant or individual signing for the applicant		