

## 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):<br>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<br>Signature of applic                            | Signature of applicant or individual signing for the applicant |                              |  |