



# Disabled Parking ID Card, Placard, Plate or Tab Replacement Application

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 [TD-420-073, Disabled Parking Application for Individuals](#)).

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

**Special Plates, Refunds & Title Services**  
**Department of Licensing**  
**P.O. Box 9043**  
**Olympia, WA 98507**

Replace the following disabled parking item because it was lost, stolen, destroyed, or mutilated (*check all that apply*):

- ID card
- Placard number (list if more than 1): \_\_\_\_\_
- Disabled license plate number (plate fee is **\$32.75**): \_\_\_\_\_
- License plate with disabled parking tab (enter tab number – tab fee is **\$9.25**): \_\_\_\_\_

### **Applicant** (individual with disability)

PRINT or TYPE Name		
Mailing address		
City	State	ZIP code
(Area code) Telephone number	Email	
Is this a new address? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", have you filed a Change of Address Request with DOL? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No", would you like us to change your address of record? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

### **Complete this section if signing for the applicant**

Name	Relationship
Address	
City	State ZIP code

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place (city or county) signed

**X** \_\_\_\_\_  
Signature of applicant or individual signing for the applicant