



40-0112 R07/16 azdot.gov

Renew By Mail
Motor Vehicle Division
PO Box 29035
Phoenix AZ 85038

PLACARD
RENEWAL/REPLACEMENT REQUEST

Placard Type
[] Disability Parking Placard [] Hearing Impaired Placard

Request Type
[] Renewal * [] Replacement (placard was lost, stolen, destroyed or mutilated; if mutilated must be returned)

Applicant Name (person with a disability or hearing impaired or organization) Phone () Current Placard Number

Applicant Mailing Address City State Zip

Organization Representative Name Title

[] Individuals I certify that I have a permanent disability or hearing impaired as stated on my original application for this placard.

[] Organizations I certify that this placard is for a vehicle that is primarily used for transportation of persons with a physical disability as stated on my original application for this placard.

Applicant Signature

* For renewals, must have notary or MVD agent signature (not required for organizations or for replacements)

Acknowledged before me this date. Notary or MVD Agent Signature

Date County State Commission Expires

New Placard Number (MVD Use)