



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Erin C. Deveney, Registrar



Request for Replacement Placard

Medical Affairs Branch
 Phone: 857-368-8020

Print Name: _____

License or Social Security Number: _____

Date: _____

AFFIDAVIT FOR REPLACEMENT PLACARD:

I, _____
 Last First Middle

_____ Address

_____ City/Town Zip Code

Hereby declare that my Handicap Placard No. _____ has been lost or stolen.

I further declare that Placard _____ was not confiscated by law enforcement nor was a citation issued for placard abuse to myself or any other person.

I understand that upon receipt of a replacement placard, the original will no longer be valid. I understand that should the original placard be found, it is to be returned to the Registry of Motor Vehicles forthwith. I further understand that a placard is valid only for the handicapped person to whom it is issued and is not transferable to another party.

Signed under the penalties of perjury.

 Signature

 Date