



DISABLED PARKING IDENTIFICATION PLACARD REPLACEMENT FORM

Instructions: Please print clearly and legibly.

CLIENT INFORMATION			
LAST NAME	FIRST NAME	BIRTHDATE (mm/dd/yyyy)	
ADDRESS	CITY	STATE	ZIP
DRIVER LICENSE/ID CARD NUMBER	DISABLED PARKING PLACARD NUMBER (of lost/stolen/damaged placard, if known)		
CONTACT PHONE (including area code):	DISABLED PARKING PLACARD NUMBER (of placard still in client possession, if known)		
I hereby certify that my disabled parking identification placard has been (check one) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged (if damaged, please include placard with this request) and I request the Department to issue me a replacement placard.			
CLIENT SIGNATURE			DATE
WYDOT USE ONLY			
LOST/STOLEN/DAMANGED PLACARD NUMBER	REPLACEMENT PLACARD NUMBER	MVID #	
DRIVER LICENSE EMPLOYEE SIGNATURE			DATE

Should you have any questions regarding this form, please contact Driver Services at 307-777-4800, Option #9.

Mail to: **WYDOT - Driver Services**
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

OR Fax to: **307-777-4922**