



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
Affidavit for Replacement Handicap Hang Tag/Placard

Date: _____

Handicap placard number _____ belonging to _____
has been:

- _____ Lost
- _____ Stolen
- _____ Destroyed
- _____ Mutilated

I am requesting that another handicap placard be issued.

Applicant's Signature

Employee's Signature

Operator Number