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