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DISABLED PERSON PLACARD NUMBER

APPLICATION FOR PERMANENT DISABLED PERSON (DP) PLACARD RENEWAL

Mail form to: DMV Placard, PO Box 997600 M/S D238, Sacramento CA 95899-7600

DATE OF BIRTH (FOR INDIVIDUALS ONLY) (MM/DD/YYYY)

SECTION 1 — APPLICANT OR ORGANIZATION INFO	ORMATION				
TRUE FULL NAME (LAST, FIRST, MIDDLE OR ORGANIZATION NAME)		DRIVER LICENS	SE/ID CARD NUM	BER (FOR INDIV	/IDUALS ONLY
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)			APT./SPAC	E/STE.#	
CITY	COUNTY		STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)	APT./SPACE/STE.#	DAYTIME TELE	EPHONE NUMBE	₹	
CITY	COUNTY		STATE	ZIP CODE	
SECTION 2 — APPLICANT OR ORGANIZATION REP	RESENTATIVE'S CER	TIFICATIO	N AND SIG	NATURE	
NOTE: IT IS ILLEGAL, punishable by fine, imprisonment or attempts to sell, a genuine or counterfeit placard, or it displayed, a forged, counterfeit, or false placard. (Californ	f a person displays with	fraudulent i	ntent, or ca	use or per	mits to b
I certify that I fully understand that I am responsible for a certified that I am a disabled person per CVC §295.5 or in the transportation of disabled persons and the vehic §\$5007(a)(3), 22511.55(a)(4). I certify (or declare) under progoing is true and correct.	that I am an authorized in the surpo	representati se of transp	ve of the o	rganizatior se persons	n involved s per CVO
SIGNATURE OF APPLICANT OR ORGANIZATION AUTHORIZED REPRESENTATIVE	DATE	EM	MAIL ADDRESS		

PRIVACY NOTICE

The department only uses personal information for specific purposes, unless authorized by law or regulation.

- CVC §§5007, 22511.55, 22511.58 allows any information contained in this application to be made available to law enforcement or agencies responsible for the enforcement of parking regulations.
- CVC §1825(a) allows DMV to share information with appropriate regulatory boards to conduct audits of the DP parking placard/ plates program.

DMV's Privacy Policy is located at *dmv.ca.gov* under the "Privacy Policy" link at the bottom of the page.