



# APPLICATION FOR REPLACEMENT OF ACCESSIBLE PARKING PLACARD



Department of Revenue and Taxation Vehicle Registration Branch  
**Hours of Operation: 8:00a.m. – 5:00p.m. M-F**

**The Qualified person with the disability must sign affidavit.** If application is to be signed by other than the qualified person, Court Documents or a Power-of-Attorney in connection with this appointment must be furnished and attached hereto.

Qualified person must present an Identification Card with photo (Driver's License, Passport, Nat. Certificate, Guam I.D. and Green Card) together with this application.

**PRIVACY ACT NOTICE:** The furnishing of your Social Security Number is required to Section 3101, Title 16, Guam Code Annotated and Section 405 (c)(1)(C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

Requirements
<input type="checkbox"/> Proper ID
<input type="checkbox"/> Court Documents (Original)
<input type="checkbox"/> Power-of-Attorney (copies provided must have Original Certification)

I \_\_\_\_\_ request a replacement of my:  
 (Print Name)

**Permanent Parking Placard**                       **Temporary Parking Placard**

that was/is             Lost             Stolen             Mutilated

Accessible Placard No: \_\_\_\_\_ Issued on: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Under penalties of perjury, I (We) declare that all the information contained in this application to the best of my knowledge and belief, are true, correct and complete. Furthermore, I hereby agree that the issuance of any document(s) as a result of this application shall be declared null and void should any information be fraudulently provided herein or if any information provided is in error.

\_\_\_\_\_  
 Signature of Qualified Person                      Date                      Telephone Number

**FOR OFFICIAL USE ONLY**

Placard No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_