



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