

EXCESSIVE REPLACEMENT CARD CERTIFICATION

For Individuals or Organizations
Wisconsin Department of Transportation
MV2967 2008 TRANS 130.07(4) Wis. Admin. Code

Submit this completed form with requests for replacement permanent Disabled Parking Identification Cards if two or more replacement cards have been issued during the past 36 months. Completion of this form is mandatory. The replacement card will not be issued without the completion of this form.

Indicate the legal name and address of the individual or organization that was issued the card, which is being replaced.

Name _____

Address _____

City, State _____

Card Number(s) to be Replaced _____

Social Security or Driver License Number _____ Federal Employer Identification Number (FEIN) if Organization _____

Explain why cards need to be replaced and describe what steps you are taking to secure future cards. Attach additional sheets, if necessary.

Reason for past replacements:

Steps being taken to limit the need for future replacements:

I certify that the above statements are true and that a replacement card(s) is required due to the prior card being lost, stolen, destroyed, or mutilated. I further certify that the prior card(s) has not been sold, borrowed, or given to another.

In addition, I understand that it is unlawful for any person or organization to fraudulently procure, make, alter, reproduce, or duplicate Disabled Parking Identification Cards. I also understand that any false statements on this form may result in fines or penalties as prescribed by law.

(DisID Card Owner Signature)

(Date)

State of _____)
County _____) ss.

On the above date, this instrument was acknowledged before me by the above-named person(s) or officers.

(Signature, Notary Public)

(Print or Type Name, Notary Public)

(Date Commission Expires)

(Organization Authorized Representative Signature)

(Organization Authorized Representative Title)

(Date)

State of _____)
County _____) ss.

On the above date, this instrument was acknowledged before me by the above-named person(s) or officers.

(Signature, Notary Public)

(Print or Type Name, Notary Public)

(Date Commission Expires)

For questions about DisID cards:

E-mail: special-plates.dmv@dot.state.wi.us

Call: 608-266-3041

Write: Wisconsin Department of Transportation

Special Plates – DisID

PO Box 7306

Madison, WI 53707-7306