



City of Las Vegas
Parking Services Office
500 S Main Street
Las Vegas, NV 89101
Tel: (702) 229-4700
Fax: (702) 382-2309

DECLARATION OF HANDICAPPED PLACARD AUTHORIZATION

LVMC 11.52.135 Handicapped Parking

A person shall not park a vehicle in a space designated for the handicapped by a sign that meets the requirements of Subsection (A), whether on public or privately owned property, unless he is eligible to do so and the vehicle displays: (1) A special license plate or plates issued pursuant to NRS 482.384(2) A special or temporary parking placard issued pursuant to NRS 482.384 (3) A special or temporary parking sticker issued pursuant to NRS 482.384;(4) A special license plate or plates, a special or temporary parking sticker, or a special or temporary parking placard displaying the international symbol of access issued by another state or foreign country; or(5) A special license plate or plates for a disabled veteran issued pursuant to NRS 482.377.

PLEASE PRINT LEGIBLY

I, \_\_\_\_\_, currently residing at
(Placard Owner)

\_\_\_\_\_ declare that on the day and time
(Placard Owner's Complete Address)

the citation listed below was issued, I was being transported by:

\_\_\_\_\_
(Vehicle's Registered Owner)

I declare that I am the authorized person the below listed handicapped placard is issued to by the Department of Motor Vehicles.

Handicap Placard Owner Information

Handicap Placard Number: \_\_\_\_\_ Handicap Placard State: \_\_\_\_\_ \*\*

\*\* If state is other than NV, must include DMV issuance letter showing placard# and placard holders name.

Handicap Placard Owner's Date of Birth: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Handicap Placard Expiration Date: \_\_\_\_\_

Citation Information

Citation Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

\*\* I declare under the penalty of perjury, that the above information is complete, true and accurate.

\_\_\_\_\_  
SIGNATURE OF PLACARD OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TELEPHONE NUMBER