

SIDE B
(To be completed by applicant)

DIRECTIONS: Both sides of this document must be signed and completed in its entirety in order for the application to be processed. Complete Part 1, if the person with disabilities is applying for plates and/or parking placard. Complete Parts 1 and 2, if member of the person with disabilities immediate family is applying for license plates.

PART 1. PERSON WITH DISABILITIES

I hereby apply for:

- Person with Disabilities Parking Placard
- Person with Disabilities License Plates (Application and fee for registration must accompany this form. Fee is based upon the current plate expiration, date of purchase of vehicle if newly acquired or the date of applicaiton, whichever is applicable.) **MUST HAVE PERMANENT DISABILITY TO OBTAIN PLATES.**

under the statutory provision, (625 ILCS 5/1-159.1) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the person with disabilities parking device (whether plates or parking placard) must not be used unless I am a passenger in the vehicle.

_____ Date _____ Applicant's Signature _____

PLEASE PRINT OR TYPE BELOW:

Applicant's Name		Address	
City	ZIP	Telephone ()	
Driver's License # or State ID #		Social Security #	
Please provide the following information for the primary vehicle(s) used to transport the applicant:			
Vehicle 1: Vehicle Identification # _____		Plate # _____	
Vehicle 2: Vehicle Identification # _____		Plate # _____	

PART 2. FAMILY MEMBER

Family Member's Name		Date
Address	City	ZIP
Relationship of member to person with disabilities		Telephone ()

..... **FOR OFFICE USE ONLY**

1st _____ 2nd _____ Expiration date _____

Issued by _____ Issue date _____

WARNING: MISUSE OF OR FALSE APPLICATION FOR THE PERSON WITH DISABILITIES PARKING DEVICE can result in its revocation, a 30-day driver's license suspension, and a fine up to \$1,000. The person with disabilities must be present when parking the vehicle in areas reserved for such person or for free at metered spots.

Persons with Disabilities Certification for Plates or Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed, side A by the physician and side B by the applicant.

DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1-159.1)

"A natural person who, as determined by a licensed physician: (1) cannot walk 200 feet without stopping to rest; (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (3) is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; (4) uses portable oxygen; (5) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association; or (6) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition."

(Please fill in the applicant's name, describe the condition, and indicate the impairments below.)

Person with Disabilities Name _____

Condition _____

- ___ Cannot walk 200 feet without stopping to rest.
- ___ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.
- ___ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter.
- ___ Uses portable oxygen.
- ___ Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- ___ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY: Circle one

Condition is permanent

(Not to exceed 6 months)

Condition is temporary—expected duration (In months) _____

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159.1.

Physician's signature

Physician's license number

PLEASE PRINT OR TYPE BELOW:

Physician's Name _____

Address _____

City _____ ZIP _____

Telephone () _____

Please mail all required documentation to Secretary of State, Non-Standard Plate Section, 501 S. 2nd St., Room 539, Springfield, IL 62756.