JESSE WHITE
Secretary of State • State of Illinois

SIDE A
(To be completed by physician)

Persons with Disabilities Certification for Plates or Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed. Side A must be completed by the physician. Side B must be completed 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 without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (2) 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; (3) uses portable oxygen; (4) 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; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions."

(Please fill in the name of the person with the disability, state the diagnosis, and indicate the impairments below.)

Name of Person with Disabilities _____

Diagnosis _____

_____

*********NOTE "Cannot walk 200 feet without stopping to rest" is no longer a qualifying disability unless it is related to one of the following conditions below.*********

___ 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.
___ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.
___ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY: Check one

☐ Disability is permanent ☐ Disability is temporary—**must state duration** (maximum 6 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. **WARNING: Any person who knowingly misuses or makes a false or misleading statement on an application can be fined up to $1,000. PHYSICIANS: Do not sign this form if the named patient does not meet the above definition. (NOTE: If certification form is signed by a Licensed Physician Assistant or Advance Practice Nurse, the name and license number of the Supervising Physician is required).**

_____ _____
Physician's signature **Physician's license number**

_____ _____
Supervising Physician's name **License number**

PLEASE PRINT OR TYPE BELOW:

Physician's Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (____) _____

Please mail all required documentation to Secretary of State, Persons with Disabilities License Plate/Placard Unit, 501 South 2nd St., Room 541, Springfield, IL 62756.

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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 placard. Complete Parts 1 and 2, if the parent, immediate family member or legal guardian of the person with disabilities 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 application, whichever is applicable.) MUST HAVE A 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 the driver or passenger in the vehicle.

_____ _____

Date **Applicant's Signature**

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 exit or enter the vehicle when parking in areas reserved for such person or when parking at metered spots.

PLEASE PRINT OR TYPE BELOW:

Name of Individual with Disability	_____ Male **OR** _____ Female	Date of Birth (Month/Day/Year)
Address	City	ZIP
Driver's License # **OR** State ID Card Number of Individual with Disability		Telephone ( )

PART 2. DISABILITY LICENSE PLATES FOR PARENT, IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN ONLY:

I hereby apply for disability license plates as the parent or legal guardian of the individual with a disability. The above named person with disabilities, owns no vehicles and relies frequently on me for his/her mode of transportation.

Parent's Name, Legal Guardian's Name OR Family Member's Name		Date
Address	City	ZIP
Telephone Number ( )	Relationship to Disabled Person	

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

*Placard number*_____*Exp.*_____*Issued by*_____*Date*_____