JESSE WHITE
Secretary of State • State of Illinois

Persons with Disabilities Certification for Parking Placard/License Plates

DIRECTIONS: Both sides of this document must be signed and completed. Applicants complete the appropriate section (Part 1 for applicant or Part 4 for family members driving a person with disabilities). Your physician, advanced practice nurse, optometrist or physician's assistant **MUST** complete Part 2. **If you are also applying for meter-exempt parking, your physician, advanced practice nurse or physician's assistant must also complete Part 3.**

PART 1: Applicant Information
I hereby certify that I meet the definition of a person with a disability as provided in 625 ILCS 5/1-159.1, and I certify that my physical condition entitles me to the issuance of a Persons with Disabilities Parking Placard/License Plates. By affixing my signature below, I understand that the parking placard/license plates may not be used unless I am the driver or passenger of the vehicle.

WARNING: Misuse of a parking placard/plates or making a false application may result in revocation of your placard/plates, a 12-month suspension or revocation of your driver's license and a fine of up to $1,000.

Name of Person with Disability			Male/Female	Date of Birth
Address		City, State, ZIP		
Daytime Telephone Number	Disability Parking Placard # (if any)	Disability Plate # (if any)		Today's Date
Signature of Person with Disability		Illinois Driver's License or Illinois ID Card # of Person with Disability		

PART 2: Medical Eligibility Standards and Medical Professional Certification
As a licensed physician, advanced practice nurse, optometrist or physician's assistant, I certify that the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities as defined in statute due to a diagnosis of: _____

_____

Check all that apply:

____ Patient is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) is one second, when measured by spirometry, is less than one liter.
____ Patient uses a portable oxygen device.
____ Patient has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
____ Patient cannot walk without the assistance of a wheelchair, walker, crutch, brace, and other prosthetic device or without the assistance of another person.
____ Patient is severely limited in the ability to walk due to an arthritic, neurological, oncological or orthopedic condition.
____ Patient cannot walk 200 feet without stopping to rest because of one of the above five conditions.
____ Patient is missing a hand or arm or has permanently lost the use of a hand or arm.

LENGTH OF DISABILITY: (check one)

☐ Disability is permanent **(Note: Form must be mailed to the Springfield address on the reverse side.)**
☐ Disability is temporary; must state duration (maximum 6 months)_____
(Note: Form may be taken to any Secretary of State facility or mailed to the Springfield address on the reverse side.)

As the medical professional(s) executing this document and verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining any type of disabled parking placard or plates may result in a suspension or revocation of my driver's license and a fine of up to $1,000.

Medical Professional's Printed Name	Specialty	Office Telephone Number
Address	City, State, ZIP	
Medical Professional's Signature	IL License Number	Today's Date

Name of Collaborating/Supervising Physician (if signed above by Advanced Pratice Nurse or Physician's Assistant)	Supervising Physician State Medical License #

PART 3: Medical Eligibility for Meter-Exempt Parking and Physician's Certification

The meter-exempt parking certification must be completed **only when the applicant qualifies for meter-exempt parking**. To qualify, the applicant must have a valid Illinois driver's license, have an ambulatory disability described in Part 2 and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

I hereby certify _____ (Name of Person with Disability) _____(Illinois Driver's License of Person with Disability) as listed in Part 1 of this application is also eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

Check all that apply:

____ The patient cannot manage, manipulate, or insert coins, or obtain tickets or tokens in parking meters or ticket machines in parking lots due to the lack of fine motor control of **BOTH** hands.

____ The patient cannot reach above his/her head to a height of 42 inches from the ground due to a lack of finger, hand or upper-extremity strength or mobility.

____ The patient cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.

____ The patient cannot walk more than 20 feet due to an orthopedic, neurological, cardiovascular or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.

Signature of Physician Advanced Practice Nurse/Physician's Assistant	Today's Date
Name of Collaborating/Supervising Physician (if signed above by Advanced Practice Nurse or Physician's Assistant)	Supervising Physician's State Medical License #

PART 4: Disability License Plates for Parent, Immediate Family Member or Legal Guardian Only:

I hereby apply for disability license plates as a parent, legal guardian or immediate family member residing in the household of the disabled individual named in Part 1. This disabled individual owns no motor vehicles and I have primary responsibility for his/her mode of transportation. By affixing my signature below, I understand that the license plates may not be used unless I am transporting the disabled individual in the vehicle.

WARNING: Any misuse of the disability license plates may result in revocation of the plates, a 12-month suspension or revocation of your driver's license and a fine of up to $1,000.

Parent's, Legal Guardian's or Family Member's Name	Relationship to Person with Disability	Today's Date
Address	City, State, ZIP	
Parent's, Legal Guardian's or Family Member's Signature	Driver's License # of Parent, Legal Guardian or Family Member	
Daytime Telephone Number		

Temporary Disabled Parking Placard applications may be taken to any Secretary of State facility or mailed to the following address. Permanent Disabled Parking Placard applications must be mailed to: Secretary of State, Persons with Disabilities License Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756.

FOR OFFICE USE ONLY

Parking Placard Number: _____ Expiration Date: _____

Issued By: _____ Issue Date: _____