

Persons with Disabilities Certification for Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed. Side A must be completed by the physician and 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 the standards set by the American Heart Association; or (5) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition; or (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions, or (7) is missing a hand or arm or has permanently lost the use of a hand or arm."

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, wheel chair or other assistive device.
- _____ Is severely limited in the person's ability to walk due to an arthritic, neurological or orthopedic condition.
- _____ Has permanently lost use of or is missing a hand or arm.

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 may be fined up to \$1,000. **PHYSICIANS:** Do not sign this form if the patient does not meet the above definition. (625 ILCS 5/11-131.5) (**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

Date

Physician's License Number

Supervising Physician's Name

Date

Supervising Physician's 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 Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756.



Office Use Only

RENEWAL

Both sides of this document must be signed and completed in full in order for the application to be processed.

JESSE WHITE
Secretary of State • State of Illinois

SIDE B
(To be completed by applicant)

PART 1. PERSON WITH DISABILITIES

I hereby apply for a Permanent Disability Parking Placard under statutory provision (625 ILCS 5/1-159.1), and certify that my physical condition entitles me to the issuance thereof. I am aware that the parking placard is **NOT** transferable, and that the authorized holder of the placard must be present and must enter or exit the vehicle at the time parking privileges are being used. Unauthorized use of a parking placard may result in a \$500 fine, driver's license suspension and/or revocation of the placard. **WARNING: IT IS ILLEGAL TO PROVIDE FALSE INFORMATION ON AN APPLICATION FOR A DISABILITY PARKING PLACARD OR LICENSE PLATES.** Violations may result in fines of up to \$1,000, driver's license suspension and/or revocation of the placard or plates. (625 ILCS 5/11-1301.5)

IF INFORMATION HAS BEEN OMITTED, PLEASE FILL IN BELOW. IF INFORMATION HAS CHANGED OR IS INCORRECT, PLEASE LINE OUT AND MAKE CORRECTIONS IN SPACES BELOW.

_____ Date _____ Applicant's Signature

PLEASE PRINT OR TYPE BELOW:

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

NOTE: Failure to use the provided renewal form will result in a delay of your 2014 placard.

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

Parking Placard Number _____ Expiration Date _____

Issued By _____ Issue Date _____