

RENEWAL

DIRECTIONS: Both sides of this documents must be signed and completed in its entirety in order for the application to be processed.

SIDE B

JESSE WHITE

Secretary of State – State of Illinois

SIDE B

(To be completed by applicant)

PART 1. PEARSON WITH DISABILITIES:

I, hereby apply for a person with Disabilities Parking Placard under the statutory provision, (625 ILCS5/1-159.1) 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 be used unless I am a passenger in the vehicle.

Date

Applicant's Name

PLEASE PRINT OR TYPE BELOW:

Name of Individual with Disability

Male Or Female

Date of Birth

Month/Day/Year

Address

City

Zip

Drivers's License Number Or State ID Card Number of individual with disability Telephone No.

FOR OFFICE USE ONLY

Placard Number: _____ Expiration Date: _____

Warning misuse of or false application for the person with disabilities parking device can result in its revocation, a 30-day driver's suspension and a fine up to \$1,000.00. The person with disabilities must exit or enter the vehicle when parking in areas reserved for such person or for free at metered spots.

Persons with Disabilities Certification for Parking Placard

SIDE A

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 IICs 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.

(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 long a qualifying disability unless it is related to one of the following conditions*******

_____ 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.

Side A - Continued

_____ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY: **Circle 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 525 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 \$1000. Physicians: Do not sign this form if the named patient does not meet the above definition.

Physician's Signature

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 Plate/Placard Unit, 501 S. 2nd St. Room 541, Springfield, IL 62756.