JESSE WHITE
Secretary of State • State of Illinois

Persons with Disabilities Certification for Parking Placard/License Plates

NOTE TO ALL DISABILITY LICENSE PLATE OWNERS: If you have a disability license plate, you **must** execute this certification and renew your disability parking placard.

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). The applicant's physician, advanced practice nurse, optometrist, chiropractor or physician's assistant **MUST** complete Part 2. **If the applicant is also applying for meter-exempt parking, his or her physician, advanced practice nurse, chiropractor 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 Code*		
Mailing Address if Different From Above			
Daytime Telephone Number*	Disability Parking Placard # (if any)	Disability License Plate # (if any)	
Military Veteran? Yes/No*	Email Address	Today's Date*	
Signature of Person with Disability*	Illinois Driver's License or Illinois ID Card # of Person with Disability*		

*Required Information

PART 2: Medical Eligibility Standards and Medical Professional Certification
As a licensed physician, advanced practice nurse, chiropractor, optometrist or physician's assistant, I certify 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:** ______________________________

Length of Disability: (check one)
- ☐ Permanent disability
- ☐ Temporary disability; the duration of this disability is______________________________ (maximum 6 months)

Check all that apply (must check at least one):
_____ 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.

Medical Professional Certification
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 Code*	
Medical Professional's Signature*	State Professional License Number*	Today's Date*
Name of Collaborating Supervising Physician (if signed above by Advanced Practice Nurse or Physician's Assistant)*	Supervising Physician State Professional License Number*	

*Required Information

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 (if applicable), 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 ______________________________ , who has Illinois Driver's License Number______________________
(Name of Person with Disability)

(if applicable) 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.
_____ The patient is under 18 years of age and incapable of driving.

Signature of Physician, Chiropractor, Advanced Practice Nurse or Physician's Assistant*	Today's Date*
Signature of Collaborating/Supervising Physician* (if signed above by Advance Practice Nurse or Physician's Assistant)	State Professional License Number*

*Required Information

PART 4: For Parent, Legal Guardian or Immediate Family Member Only:
As a parent, legal guardian or immediate family member residing in the household of the disabled individual named in Part 1, I hereby apply for:

☐ Disability License Plates ☐ Meter-Exempt Disability Parking Placard
☐ Temporary Parking Placard ☐ Permanent Parking Placard

The 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 disability license plates or meter-exempt parking placard may not be used unless I am transporting the disabled individual in the vehicle.

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

Parent, Legal Guardian or Immediate Family Member Name*	Relationship to Person with Disability*
Address*	City, State, ZIP Code*
Mailing Address if Different From Above	
Parent, Legal Guardian or Immediate Family Member Name*	Illinois Driver's License Number of Parent, Legal Guardian or Family Member*
Daytime Telephone Number*	Today's Date*

*Required Information

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 SECRETARY OF STATE OFFICE USE ONLY

Parking Placard Number: ______________________ Expiration Date: ______________________

Issued By: ______________________ Issue Date: ______________________