JESSE WHITE
Secretary of State • State of Illinois

## City of Wood Dale ☐ SIDE A 3-month Temporary Placard ☐ (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 by the physician and side B 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 200 feet without stopping to rest; (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (3) 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; (4) uses portable oxygen; (5) 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; or (6) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition."

(Please fill in the applicant's name, describe the condition, and indicate the impairments below.) Person with Disabilities Name Condition \_\_\_\_\_ Cannot walk 200 feet without stopping to rest. Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device. 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. Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition. LENGTH OF DISABILITY: Circle one (Not to exceed 6 months) Condition is permanent Condition is temporary—expected duration (in 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. Physician's signature Physician's license number PLEASE PRINT OR TYPE BELOW: Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone (

Please mail all required documentation to Secretary of State, Non-Standard Plate Section, 501 S. 2nd St., Room 539, Springfield, IL 62756.

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## City of Wood Dale ☐ 3-month Temporary Placard ☐

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 parking placard. Complete Parts 1 and 2, if member of the person with disabilities immediate family is applying for license plates.

PART 1. PERSON WITH DIS  I hereby apply for:	ABILITIES						
Person with I	Disabilities Parking I	Placard					
form. Fee is b	pased upon the curre f applicaiton, whiche	ent plate	expiration, dat	e of purchas	se of vehi	nust accompany this cle if newly acquired NT DISABILITY TO	
under the statutory provisi issuance thereof. I am als placard) must not be used	o aware that the pe	erson with	h disabilities p				
	Date				Applicant's Signature		
PLEASE PRINT OR TYPE BE	LOW:						
Applicant's Name			Address				
City			ZIP	T	Telephone		
Driver's License # or State ID #			Social Security #				
Please provide the following informa	ation for the primary veh	nicle(s) use	ed to transport the	applicant:			
Vehicle 1: Vehicle Identification #			Plate #				
Vehicle 2: Vehicle Identification #			Plate #				
PART 2. FAMILY MEMBER							
Family Member's Name			Date				
Address			City		1	ZIP	
Relationship of member to person with disabilities			Telephone ( )				
	FOR (	OFFICE	USE ONLY				
1st	2nd	Expiration date					
Issued by			lss	sue date	ue date		

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 be present when parking the vehicle in areas reserved for such person or for free at metered spots.