

<input type="checkbox"/> NEW APPLICANT  <input type="checkbox"/> RENEWAL
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\*If your valid placard was lost/stolen/damaged, use replacement form **VSD 415**, available online at [cyberdriveillinois.com](http://cyberdriveillinois.com) or visit your local Secretary of State facility.

## Persons with Disabilities Certification for Parking Placard

\*This form is valid for three months from your physician's signature date for a Temporary Placard and six months for a Permanent Placard.

**NOTE TO DISABILITY LICENSE PLATE OWNERS:** If you have a disability license plate, you **MUST** complete the form and renew your placard.

**DIRECTIONS:** Both sides of this document must be signed and completed fully. All fields are required. Applicants complete Part 1. If the applicant is a MINOR, then Parent/Guardian(s) **MUST** also complete Part 2. The applicant's medical professional **MUST** complete Part 3. If the applicant is applying for meter-exempt parking, his/her medical professional **MUST** also complete Part 4.

### Part 1: Applicant Information (MUST have a valid Illinois driver's license and/or ID card)

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. By affixing my signature below, I understand that the parking placard may not be used unless I am the driver or passenger of the vehicle.

\*If a military veteran, please provide a copy of your DD214 showing proof of service.

		Disability Parking Placard # (if any)	
Full Name of Person with Disability (If Minor, complete Part 2 also.)		Male/Female	Date of Birth
Valid Illinois Driver's License or ID Card # of Applicant	→		
Illinois Address	Apt/Unit #	City	IL ZIP
Mailing Address if Different from Above			
Telephone Number	Email Address	Military Veteran? Yes / No	
Signature of Person with Disability			Today's Date

### Part 2: For Parent or Legal Guardian (MUST have a valid Illinois driver's license and/or ID card)

I hereby certify that the above applicant is a minor and I have primary responsibility for his/her transportation. By affixing my signature below, I understand that the disability placard is issued to the person with disability and may not be used unless I am transporting the disabled person in the vehicle.

Name of Parent or Legal Guardian		Relationship to Person with Disability	
Valid Illinois Driver's License or ID Card #			
Illinois Address	Apt/Unit #	City	IL ZIP
Telephone Number	Email Address		
Signature of Parent or Legal Guardian			Today's Date

**Warning:** Any misuse of the disability parking placard/plates or making a false application may result in the revocation of the placard, a 12-month suspension or revocation of your driver's license, and a fine of up to \$1,000.

**Temporary Disabled Parking Placard Applications** — May be taken to any Secretary of State facility or mailed in.

**Permanent Disabled Parking Placard Applications** — **MUST** be mailed to the following address:

Secretary of State, Persons with Disabilities Placard Unit, 501 S. 2nd Street, Room 541, Springfield, IL 62756.

\*If you have a permanent disability placard and would like a *Persons with Disabilities License Plate*, please visit your local Secretary of State facility to apply. You will need your permanent placard number and current plate number or VIN.

**Please complete Page 2 to ensure timely processing.**

**Part 3: Medical Eligibility Standards and 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 may result in suspension or revocation of my license and a fine of up to \$1,000. As a licensed physician, advanced practiced nurse, optometrist, chiropractor or physician's assistant, I certify the applicant has a condition that constitutes him/her as a person with disabilities.

**Length of Disability: (Check one)**

- Temporary Disability; the duration of this disability is \_\_\_\_\_ (maximum 6 months)
- Permanent Disability
- Meter-Exempt Disability (Must complete and sign Part 4 also.)

**Check all that apply: (MUST check at least one):**

- Is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) for 1 second, when measured by spirometry, is less than 1 liter.
- Uses a portable oxygen device.
- Has Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- Cannot walk without the use of or assistance from a wheelchair, a walker, a crutch, a brace, a prosthetic device, or another person.
- Is severely limited in the ability to walk due to an arthritic, neurological, oncological, or orthopedic condition.
- Cannot walk 200 feet without stopping to rest because of one of the above five conditions.

**Check all that apply: (MUST check at least one diagnosis):**

- |   |   |
|---|---|
| <input type="checkbox"/> Amputation of extremity(s) _____ | <input type="checkbox"/> Arthritis of the _____                     |
| <input type="checkbox"/> Spina Bifida                     | <input type="checkbox"/> Osteoarthritis of the _____                |
| <input type="checkbox"/> Multiple Sclerosis               | <input type="checkbox"/> Chronic Pain due to _____                  |
| <input type="checkbox"/> Quadriplegia/Paraplegia          | <input type="checkbox"/> Legally Blind <b>with</b> limited mobility |
| <input type="checkbox"/> Cerebral Palsy                   |   |

**Other Diagnosis:** \_\_\_\_\_  
 If none of the above conditions apply, list the medical condition that impacts the person's mobility.

Medical Professional's Printed Name	Specialty	
Office Address	City, State, ZIP	
Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

**Part 4: Medical Eligibility for Meter-Exempt Parking**

The meter-exempt parking certification must be completed only when the applicant qualifies. To qualify, the applicant **MUST have a VALID Illinois driver's license**, have an ambulatory disability described in Part 3, and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

The applicant is eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

**Check all that apply:**

- Cannot manage, manipulate or insert coins, or obtain tickets in parking meters/ticket machines due to lack of fine motor control of BOTH hands.
- 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.
- Cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.
- 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.
- Missing a hand(s) or arm(s) or has permanently lost the use of a hand or arm.
- Patient is under 18 years of age and incapable of driving.

Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

**FOR SECRETARY OF STATE OFFICE USE ONLY**

Parking Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Issued By: \_\_\_\_\_ Issue Date: \_\_\_\_\_