## Persons with Disabilities Certification for Plates or Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed. Side A must be completed by the physician. 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 standards set by the American Heart Association; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition; (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 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, wheelchair, or other assistive device. Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition. LENGTH OF DISABILITY: Check one Disability is temporary—must state duration (maximum 6 months) ☐ Disability is permanent 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 can be fined up to \$1,000. 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 South 2nd St., Room 541, Springfield, IL 62756.

Some of the forms I have are Solicitor License Applications, Persons with Disabilities Certification for Parking Placard (both for Darien and the State), Volunteer Form, Citizen of the Year Nomination Form, Application for Service on City Commission, and Parkway Tree Replacement/Planting Request Form.