

State of Illinois
Secretary of State
501 S. 2nd Street
Springfield, IL 62756

☐ NEW APPLICANT
☐ RENEWAL

*If your valid placard was lost/stolen/damaged,
use replacement form VSD 415,
available online at ilsos.gov
or visit your local DMV.

Persons with Disabilities Certification for Parking Placard

*This form is valid for six months from your physician's signature date for a Temporary 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 the parent or 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, their medical professional **MUST** also complete Part 4.

Part 1: Applicant Information (MUST have a valid Illinois driver's license 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 you are a military veteran, please provide a copy of your DD214 showing proof of service.

Full Name of Person with Disability (If Minor, complete Part 2 also.)		Disability Parking Placard # (if any)	
Valid Illinois Driver's License or ID Card # of Applicant		Male/Female	Date of Birth
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 or ID card)

I hereby certify that the above applicant is a minor, and I have primary responsibility for their transportation. By affixing my signature below, I understand that the disability placard is issued to the person with the 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 DMV 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 532, Springfield, IL 62756.

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

Please complete Page 2.

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 to obtain 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 medical professional authorized under Section 1-159.1 and 3-616 of the Illinois Vehicle Code or a licensed optometrist or chiropractor, I certify the applicant has a condition that constitutes them 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 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, a neurological, an oncological, or an orthopedic condition.
☐ Cannot walk 200 feet without stopping to rest due to one of the above five conditions.
☐ Amputation of extremity(s) _____
☐ Spina Bifida
☐ Multiple Sclerosis
☐ Quadriplegia/Paraplegia
☐ Cerebral Palsy
☐ Arthritis of the _____
☐ Osteoarthritis of the _____
☐ Chronic Pain due to _____
☐ Legally Blind **with** limited mobility
☐ Pregnancy (third trimester) 90 days maximum

☐ 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 their 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 their use of a wheelchair or other device for mobility.
☐ Cannot walk more than 20 feet due to an orthopedic, a neurological, a cardiovascular, or a 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: _____