



Office Use Only

RENEWAL

Both sides of this document must be signed and completed in full in order for the application to be processed.

JESSE WHITE
Secretary of State • State of Illinois

SIDE B
(To be completed by applicant)

PART 1. PERSON WITH DISABILITIES

I hereby apply for a Permanent Disability Parking Placard under statutory provision (625 ILCS 5/1-159.1), and certify that my physical condition entitles me to the issuance thereof. I am aware that the parking placard is **NOT** transferable, and that the authorized holder of the placard must be present and must enter or exit the vehicle at the time parking privileges are being used. Unauthorized use of a parking placard may result in a \$500 fine, driver's license suspension and/or revocation of the placard. **WARNING: IT IS ILLEGAL TO PROVIDE FALSE INFORMATION ON AN APPLICATION FOR A DISABILITY PARKING PLACARD OR LICENSE PLATES.** Violations may result in fines of up to \$1,000, driver's license suspension and/or revocation of the placard or plates. (625 ILCS 5/11-1301.5)

IF INFORMATION HAS BEEN OMITTED, PLEASE FILL IN BELOW. IF INFORMATION HAS CHANGED OR IS INCORRECT, PLEASE LINE OUT AND MAKE CORRECTIONS IN SPACES BELOW.

_____ Date _____ Applicant's Signature

PLEASE PRINT OR TYPE BELOW:

Name of Person with Disability	_____ OR _____ Male Female	Date of Birth (Month/Day/Year)	
Address		City	ZIP
Driver's License or State ID Card Number of Person with Disability			Telephone Number

NOTE: Failure to use the provided renewal form will result in a delay of your 2014 placard.

.....FOR OFFICE USE ONLY.....

Parking Placard Number _____ Expiration Date _____

Issued By _____ Issue Date _____