



**Secretary of State
Affirmation for Persons with Disabilities
License Plates or Placards**

**This space for use by
Secretary of State.**

**Please complete and send this form
and any required documents to:**

**Secretary of State
Non-Standard Plates Section
501 S. Second St., Rm. 541
Springfield, IL 62756
www.cyberdriveillinois.com**

**For use by Corporations, School Districts,
Limited Liability Companies, Nursing Homes,
Convalescent Homes or Special Education
Cooperatives that Transport
Persons With Disabilities.**

DIRECTIONS: Both sides of this document must be read, completed and signed. Applicants should complete the appropriate section (Corporation, Limited Liability Company, School District, Special Education Cooperative).

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

DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1-159.1)

"A natural person who, as determined by a licensed physician, by a physician assistant who has been delegated the authority to make this determination by his or her supervising physician, or by an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to make this determination: (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 the standards set by the American Heart Association; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, oncological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions; or (7) is missing a hand or arm or has permanently lost the use of a hand or arm."

**PLEASE READ INSTRUCTIONS FOR BOTH PARKING PLACARDS AND PLATES
BEFORE COMPLETING SIDE B AND INDICATING THE NUMBER OF PLACARDS AND PLATES DESIRED.**

GUIDELINES FOR ISSUANCE OF PARKING PLACARDS

1. Disability must be permanent and conform to the criteria as cited in ILCS 625 5/1-159.1 (see definition above).
2. Vehicle displaying placard must be used by or for the transportation of the disabled person(s).
3. Parking placards are free to qualifying organizations.

PARKING RESTRICTIONS: An Organizational Parking Placard offers the same parking privileges as disability license plates. The placard may be displayed in a vehicle only when the disabled person(s) is being transported, and the driver must pay all applicable parking fees when parking at a parking meter or other location where payment is required.

GUIDELINES FOR ISSUANCE OF DISABILITY PLATES

1. Disability must be permanent and conform to the criteria as cited in ILCS 625 5/1-159.1 (see definition above).
2. Vehicle must be used primarily by or for the transportation of the disabled person(s) (more than 60 PERCENT of the time).
3. Standard registration fee for disability plates is \$101.
4. Vehicles used to transport disabled persons for compensation are not eligible for disability plates.
5. Disability plates may be issued to passenger vehicles, trucks and vans weighing 8,000 pounds or less.

PARKING RESTRICTIONS: Illinois law no longer allows vehicles with disability license plates to park for free at parking meters.

Side B

To be completed by Authorized Agent: (Please Print)

CORPORATIONS, LIMITED LIABILITY COMPANIES, NURSING HOMES, CONVALESCENT HOMES:

Name: _____ IL Charter Number: _____

Address: _____ City: _____ ZIP: _____

Authorized Agent: _____ Title: _____ Telephone Number: _____

Corporations and Limited Liability Companies must be in good standing with the State of Illinois and must attach a copy of the Corporation Charter Limited Liability Companies Charter.

NOTE: Vehicles used to transport disabled persons for compensation are not eligible for disability plates.

SCHOOL DISTRICTS:

Name: _____ Telephone Number: _____

School District Code # _____ Number of Schools in District: _____

Address: _____ City: _____ ZIP: _____

Authorized Agent: _____ Title: _____ Telephone Number: _____

State use of Placards/Plates: _____

SPECIAL EDUCATION COOPERATIVES:

Name: _____ Telephone Number: _____

Address: _____ City: _____ ZIP: _____

Authorized Agent: _____ Title: _____ Telephone Number: _____

State use of Placards/Plates: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. How many times is the vehicle used for the transportation of the disabled person(s):
Per week _____ Per month _____ Per year _____
2. How many vehicles are used for the transportation of the disabled person(s): _____
3. Number of parking placards requested: _____ (no fee)
4. Number of disability plates requested: _____ (standard \$101 registration fee applies for each vehicle)

Misuse of a parking placard/plates or making a false application may result in the revocation of your placard/plates, a 12-month suspension or revocation of your driver's license, and a fine of up to \$1,000. Control of the placards is the responsibility of your organization.

I hereby certify that the person(s) for whom the Persons with Disabilities Parking Placard/License Plates is issued is disabled as defined in ILCS 625 5/1-159.1. I also certify that the privileges afforded vehicles bearing disability parking placards/plates **shall only be used when a disabled person is using the vehicle.**

AUTHORIZED AGENT'S SIGNATURE: _____ Date: _____

Beginning Placard Number: _____ Expiration: _____ Issued by: _____ Date: _____

Ending Placard Number: _____