



# Secretary of State Certification for Hearing Impaired License Plates

This space for use by  
Secretary of State.

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

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

## DIRECTIONS:

SECTION A: This section is to be completed by all persons applying for Hearing-Impaired License Plates.

SECTION B: **ONE** of the following must be completed as verification of hearing impairment.

- (1) Completed by submitting Illinois Disabled Persons Identification Card.
- (2) Completed by a Representative of the Department of Rehabilitation Services (DORS) if applicant is currently a client.
- (3) Completed by a licensed physician.

**QUALIFICATION:** A Type Four hearing disability pursuant to Section 4A of the Illinois Identification Card Act which states in part:

*"A hearing disability is a disability resulting in the complete absence of hearing or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the means of receiving spoken language."*

## SECTION A: TO BE COMPLETED BY THE HEARING IMPAIRED INDIVIDUAL

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B: PLEASE HAVE #1, #2, OR #3 COMPLETED

### (1) ILLINOIS DISABLED PERSONS I.D. CARD INFORMATION:

If you are already in possession of an Illinois Disabled Persons Identification Card that states that you have an "H" classification, it is necessary to submit a photocopy of your Identification Card and complete the following.

I.D. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### (2) TO BE COMPLETED BY A REPRESENTATIVE OF THE DEPARTMENT OF REHABILITATION SERVICES (DORS).

**Note:** Those individuals who are currently clients of DORS may submit this form to their local DORS counselor for verification of their Hearing Impairment prior to submission to the Secretary of State's Office.

**SECTION B (2): (cont.)**

Please Print or Type Below:

Applicant's Name: \_\_\_\_\_

Applicant's Condition: \_\_\_\_\_

I hereby certify that the above-cited individual's medical records on file within our agency do affirm that the applicant's hearing impairment does comply with the aforementioned criteria.

Agency Rep. Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**(3) TO BE COMPLETED BY A LICENSED PHYSICIAN.**

Please Print or Type Below:

Applicant's Name: \_\_\_\_\_

Hearing Impaired Diagnosis: \_\_\_\_\_

I hereby certify that the hearing impairment of the applicant listed constitutes him/her as Hearing-Impaired pursuant to section 4A of the Illinois Identification Card Act, which states in part: *"A hearing disability is a disability resulting in the complete absence of hearing or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the means of receiving spoken language."*

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Office Use Only**

Date: \_\_\_\_\_ Issued By: \_\_\_\_\_ Plate Assigned: \_\_\_\_\_

**For more information, you may call the Non-Standard Plate Section at 217-785-6901.**