



**DIRECTIONS:** Both sides of this document must be signed and completed in its entirety in order for the application to be processed. Complete Part 1, if the person with disabilities is applying for plates and/or placard. Complete Parts 1 and 2, if the parent or legal guardian of the person with disabilities is applying for license plates.

**PART 1. PERSON WITH DISABILITIES**

I hereby apply for:

- \_\_\_\_\_ Person with Disabilities Parking Placard
- \_\_\_\_\_ Person with Disabilities License Plates (Application and fee for registration must accompany this form. Fee is based upon the current plate expiration, date of purchase of vehicle if newly acquired or the date of application, whichever is applicable.) **THE NAME OF THE PERSON WITH THE DISABILITY MUST APPEAR ON THE VEHICLE TITLE AND THE PERSON MUST HAVE A PERMANENT DISABILITY TO OBTAIN PLATES.**

under the statutory provision, (625 ILCS 5/1-159.1) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the person with disabilities parking device (whether plates or parking placard) must not be used unless I am the driver or passenger in the vehicle.

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

**WARNING: MISUSE OF OR FALSE APPLICATION FOR THE PERSON WITH DISABILITIES PARKING DEVICE can result in its revocation, a 30-day driver's license suspension, and a fine up to \$1,000. The person with disabilities must exit or enter the vehicle when parking in areas reserved for such person or when parking at metered spots.**

**PLEASE PRINT OR TYPE BELOW:**

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

**PART 2. DISABILITY LICENSE PLATES FOR PARENT OR LEGAL GUARDIAN ONLY:**

I hereby apply for disability license plates as the parent or legal guardian of the individual with a disability. The above named person with disabilities relies frequently on me for his/her mode of transportation.

Parent's Name OR Legal Guardian's Name	Date	
Address	City	ZIP
Telephone Number ( )	Daytime Telephone Number ( )	

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

Placard number \_\_\_\_\_ Exp. \_\_\_\_\_ Issued by \_\_\_\_\_ Date \_\_\_\_\_