

**PERSONS WITH DISABILITIES CERTIFICATION FOR PARKING PLACARD**

**DIRECTIONS:** Both sides of this document must be signed and completed; the front side by a licensed physician and the back side by the applicant.

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

"A natural person who, as determined by a licensed physician: (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 60mm/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 standard set by the American Heart Association; or (5) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above five conditions."

(Please fill in the name of the person with the disability, state the diagnosis, and indicate the impairments below.)

**Name of Person with Disabilities** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

\*\*\*\*\* **NOTE "Cannot walk 200 feet without stopping to rest" is no longer a qualifying disability unless it is related to one of the following conditions below.** \*\*\*\*\*

- Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter.
- Uses portable oxygen.
- Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- Cannot walk without assistance of another person, prosthetic device, wheelchair, or other assistive device.
- Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY \_\_\_\_\_ Temporary\*

\*May not be issued for more than 90 days

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a disabled person as described under ILCS 5/1-159.1. **WARNING:** Any person who knowingly misuses or makes a false or misleading statement on an application can be fined up to \$1,000. **PHYSICIANS:** Do not sign this form if the named patient does not meet the above definition.

**Physician's Stamp/License Number Required**

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

**PERSONS WITH DISABILITIES CERTIFICATION FOR PARKING PLACARD, PAGE 2**

I hereby apply for a Person with Disabilities 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 also aware that the Person with Disabilities Parking Placard must not be used unless I am the driver or passenger in the vehicle.

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

\_\_\_\_\_  
Date

**PLEASE PRINT OR TYPE BELOW:**

\_\_\_\_\_  
Name of Individual with Disabilities

Male

Female

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
IL

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License # or State ID #

\_\_\_\_\_  
Telephone

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**FOR OFFICE USE ONLY**

Placard number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

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**WARNING: MISUSE OF/OR FALSE APPLICATION FOR THE PERSON WITH DISABILITIES PARKING PLACARD 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.**

**RETURN THIS COMPLETED FORM TO:**

Deputy City Clerk  
City of Park Ridge  
505 Butler Place  
Park Ridge, IL 60068  
847-318-5464