



# ELGIN POLICE DEPARTMENT



## Persons with Disabilities Certification for Parking Placard

Applicants must complete the section entitled Part 1. Your physician, advanced practice nurse, optometrist or physician's assistant must complete the section entitled Part 2.

**PART 1: Applicant information** I hereby certify that I meet the definition of a person with a disability as provided in 625 ILCS 5/1-159.1, and I certify that my physical condition entitles me to the issuance of a Persons with Disabilities Parking Placard. By affixing my signature below, I understand that the parking placard may not be used unless I am the driver or passenger of the vehicle. **WARNING: Misuse of a parking placard or making a false application may result in revocation of your placard/plates, a 12 month suspension or revocation of your driver's license and a fine up to \$1,000.**

Name of Person with Disability \_\_\_\_\_  M  F DOB \_\_\_\_\_

Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Disability Parking Placard#, if any \_\_\_\_\_

Signature of Person with Disability \_\_\_\_\_ Today's Date \_\_\_\_\_

Illinois Driver's License or ID Card # of Person with Disability \_\_\_\_\_

**PART 2: Medical Eligibility Standards and Medical Professional Certification** As a licensed physician, advanced practice nurse, optometrist or physician's assistant, I certify that the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities as defined in statute.

Diagnosis \_\_\_\_\_

Check all that apply

- Patient is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) is one second, when measured by spirometry, is less than one liter.
- Patient uses a portable oxygen device.
- Patient has a Class III or Class IV cardiac condition according to standards set by the American Heart Association.
- Patient cannot walk without the assistance of a wheelchair, walker, crutch, brace, and other prosthetic device or without the assistance of another person.
- Patient is severely limited in the ability to walk due to an arthritic, neurological, oncological or orthopedic condition.
- Patient cannot walk 200 feet without stopping to rest because one of the above five conditions.
- Patient is missing a hand or arm or has permanently lost the use of a hand or arm.

Length of Disability (check one)

- Disability is permanent.
- Disability is temporary; must state the duration (maximum 6 months). \_\_\_\_\_

As the medical professional(s) executing this document and verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining any type of disabled parking placard may result in a suspension or revocation of my driver's license and a fine up to \$1,000.

Medical Professional's Printed Name \_\_\_\_\_ Specialty \_\_\_\_\_ Office Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Medical Professional's Signature \_\_\_\_\_ IL License Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Collaborating/Supervising Physician, if above is signed by Advanced Practice Nurse or PA \_\_\_\_\_ Supervising Physician State Medical License # \_\_\_\_\_