

JESSE WHITE

Secretary of State · State of Illinois

SIDE B

(To be completed by applicant)

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 disability plates and/or a parking placard. Complete Parts 1 and 2 if the parent, immediate family member or legal guardian of the person with disabilities is applying for disability plates.

PART 1. PERSON WITH DISABILITIES:

I hereby apply for:

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.) APPLICANTS MUST HAVE A PERMANENT DISABILITY TO OBTAIN DISABILITY PLATES.

Persons with Disabilities Parking Placard

under the statutory provision (625 ILCS 5/1-159.1), and certify that my physical condition entitles me to the issuance thereof. I also am aware that the person with disabilities parking device (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 PERSONS WITH DISABILITIES PLATES OR PARKING PLACARDS may result in revocation of the plates or placard, a 30-day driver's license suspension, and a fine of up to \$1,000. The authorized holder of the disability plates or parking placard must be present and must enter or exit the vehicle at the time parking privileges are being used.

PLEASE PRINT OR TYPE BELOW:

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

PART 2. DISABILITY LICENSE PLATES FOR PARENT, IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN ONLY:

I hereby apply for disability license plates as the parent, legal guardian or other family member of the individual with a disability. The above named person with disabilities owns no vehicles and relies frequently on me for his/her mode of transportation.

Parent's, Legal Guardian's OR Family Member's Name	Date	
Address	City	ZIP
Telephone Number ()	Relationship to Person with Disability	

FOR OFFICE USE ONLY

Parking Placard Number _____ Expiration Date _____
Issued By _____ Issue Date _____