WHEELING TOWNSHIP

1616 N. Arlington Heights Road Arlington Heights, Illinois 60004
847-259-7730 fax 847-259-1570 tdd 847-259-8048

PERSONS WITH DISABILITIES CERTIFICATION FOR TEMPORARY PARKING PLACARD

DIRECTIONS: Both sides of this document must be signed and completed, side A by the physician and side B by the applicant.

DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1-159.1)
"A natural person who, as determined by a licensed physician: (1) cannot walk 200 feet without stopping to rest; (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (3) 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 60 mm/hg on room air at rest; (4) uses portable oxygen; (5) 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 standards set by the American Heart Association; or (6) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition."

(Please fill in the applicant's name, describe the condition, and indicate the impairments below.)

Person with Disabilities Name:_____

Condition:_____

_____

_____ Cannot walk 200 feet without stopping to rest.

_____ Cannot walk without assistance of another person, prosthetic device, wheelchair, or assistive device.
_____ is restricted by lung disease to such a degree that the person's forced (respiratory) (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.
_____ is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY: (not to exceed 3 months)
Condition is temporary -- expected duration (in months) _____

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159.1.

_____ _____
Physicians signature **Physician's license number**

PLEASE PRINT OR TYPE BELOW:

Physician's Name_____

Address_____
City_____Zip_____
Telephone ( )_____

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 a parking placard. Complete Parts 1 and 2, if member of the person with disabilities immediate family is applying for license plates.

PART 1: PERSON WITH DISABILITIES

I hereby apply for:

_____ **Person 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 am also aware that the person with disabilities parking placard must not be used unless I am a passenger in the vehicle.

_____ _____

Date **Applicant's Signature**

PLEASE PRINT OR TYPE BELOW:

Applicant's Name:_____Address_____

City_____Zip_____Phone ( )_____

Driver's License # or State ID #_____

Please provide the following information for the primary vehicle(s) used to transport the applicant.

Vehicle 1: Vehicle Identification #_____ Plate #_____

Vehicle 2: Vehicle Identification #_____ Plate #_____

PART 2: FAMILY MEMBER

Family Member's Name:_____Date_____

Address_____City_____Zip_____

Relationship of member to person with disabilities_____Phone ( )_____

FOR OFFICE USE ONLY

1ST_____ 2ND_____ Expiration Date _____

Issued by_____Issue date_____

WARNING: MISUSE 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 $1,000.00. THE PERSON WITH DISABILITIES MUST BE PRESENT WHEN PARKING THE VEHICLE IN AREAS RESERVED FOR SUCH PERSON OR FOR FREE AT METERED SPOTS.