



## Temporary Accessible Parking Placard Application

**DIRECTIONS:** This document must be signed and completed on both sides: the front side by a licensed physician and the backside by the applicant.

**DEFINITIONS:** Sec. 1-159.1. Person with disabilities. A natural person who, as determined by a licensed physician, by a licensed physician assistant, by a licensed advanced practice registered nurse, or by a licensed physical therapist: (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 60 mm/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 standards set by the American Heart Association; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, oncological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions; or (7) is missing a hand or arm or has permanently lost the use of a hand or arm. (Source: P.A. 102-1011, eff. 1-1-23.)

**Name of Resident with a Disability:** \_\_\_\_\_

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

**Check Applicable Disability Duration:** \_\_\_\_ 30 Days \_\_\_\_ 60 Days \_\_\_\_ 90 Days

**“May not be issued for more than 90 days. Subject to renewal based on continued disability and submission of new application.”**

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 & Signature**

\_\_\_\_\_  
**Physician's Licence Number**

\_\_\_\_\_  
**Physician's Address, City, State**

\_\_\_\_\_  
**Physician's Telephone Number**



City of  
**Evanston™**  
 OFFICE OF THE CITY CLERK

## Resident with a Disability

**Name of Resident with a Disability**

**Applicant's Address, City, State & Telephone Number**

**Applicant's Driver's Licence/ State ID Number (if the applicant does not have an identification card or driver's license number, then the applicant may use a valid identification number issued by a branch of the U.S. military or a federally issued Medicare or Medicaid identification number)**

I hereby apply for a Person with Disabilities Parking Placard under a 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**

### WARNING:

**MISUSE OF/OR FALSE APPLICATION FOR THE RESIDENT WITH A DISABILITY 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:

City Clerk's Office  
 City of Evanston  
 909 Davis St, 2nd Floor  
 Evanston, IL 60201  
 Phone: (847) 448-8189

#### FOR OFFICE USE ONLY

**Placard Number & Expiration Date**

**Issued By & Date**

**New Applicant or For Renewal**