Illinois Secretary of State
Vehicle Services Department
Persons with Disabilities Placard Unit
501 S. Second Street
Springfield, IL 62756

ilsos.gov

Clear Form

☐ New Applicant ☐ Renewal

Persons with Disabilities Certification for Parking Placard

This form is valid for 6 months from your physician's signature date for a temporary placard or 5 years for a permanent placard.
If your valid placard was lost, stolen, or damaged, complete form VSD 415 or visit your local DMV.

Note to disability license plate owners: If you have a disability license plate, you must complete this form and renew your placard.

*If you have a permanent disability placard and want a Persons with Disabilities License Plate, visit your local DMV to apply. You will need your permanent placard number and current plate number or VIN.

Instructions: Complete all sides of this form. All fields are required. The applicant fills out Part 1. If applicant is under 18, a parent or guardian **must** fill out Part 2. The applicant's medical professional **must** complete Part 3. If applying for meter-exempt parking, the medical professional **must** also complete Part 4.

Temporary Disability Parking Placard Applications

- Take to any DMV or mail in

Permanent Disability Parking Placard Applications

- Mail in or take to any of the following DMVs: Carbondale, Champaign, Chicago Flagship, Chicago North, Chicago South, Chicago West, Granite City, LaSalle, Macomb, Moline, Peoria, Quincy, Robinson, Rockford Central, or Springfield Flagship

Part 1: Applicant Information (must have a valid Illinois driver's license or ID card)

I certify that I meet the legal definition of a person with a disability (under 625 ILCS 5/1-159.1) and that my physical condition qualifies me for a Persons with Disabilities Parking Placard. By signing below, I understand that the parking placard can only be used when I am driving or riding in the vehicle.

Warning: Misusing a parking placard or providing false information may result in the loss of your placard, a 12-month suspension or revocation of your driver's license, and a fine of up to $1,000.

*If you are a military veteran, please provide a copy of your DD214 showing proof of service.

			Disability Parking Placard Number (if any)	
Full Name of Person with Disability (If Minor, complete Part 2 also)			Date of Birth	Military Veteran? Yes or No
Valid Illinois Driver's License or ID Card Number of Applicant →				
Illinois Address	Apartment or Unit	City	IL	ZIP
Mailing Address (if different from above)				
Phone	Email			
Signature of Person with Disability			Today's Date	

Part 2: For Parent or Legal Guardian (must have a valid Illinois driver's license or ID card)

I certify that the applicant is a minor and that I am primarily responsible for their transportation. By signing below, I understand that the disability placard is issued to the person with the disability and can only be used when I am transporting that person in the vehicle.

Name of Parent or Legal Guardian			Relationship to Person with Disability	
Valid Illinois Driver's License or ID Card Number				
Illinois Address	Apartment or Unit	City	IL	ZIP
Phone	Email			
Signature of Parent or Legal Guardian			Today's Date	

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Part 3: Medical Eligibility Standards and Medical Professional Certification
As the medical professional completing this document and confirming the applicant's disability, I understand that providing false information about a person's disability to help them get a disabled parking placard or plates may result in a suspension or revocation of my physician's license and a fine of up to $1,000. As a licensed medical professional (authorized under Section 1-159.1 and 3-616 of the Illinois Vehicle Code), licensed optometrist, or chiropractor, I certify that the applicant has a condition that constitutes them as a person with disability.

Length of Disability (check one):

- ☐ Temporary Disability: The duration of this disability is _____ (maximum 6 months)
- ☐ Permanent Disability
- ☐ Meter-Exempt Disability (must also complete and sign Part 4)

Check all that apply (must check at least 1):

- ☐ Is restricted by a lung disease to such a degree that their forced (respiratory) expiratory volume (FEV) for 1 second, when measured by spirometry, is less than 1 liter.
- ☐ Uses a portable oxygen device.
- ☐ Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- ☐ Cannot walk without assistance from a wheelchair, walker, crutch, brace, prosthetic device, or another person.
- ☐ Is severely limited in the ability to walk due to an arthritic, neurological, oncological, or orthopedic condition.
- ☐ Cannot walk 200 feet without stopping to rest due to 1 of the above 5 conditions.
- ☐ Legally Blind **with** limited mobility
- ☐ Pregnancy (third trimester) 90 days maximum
- ☐ Missing a hand(s) or arm(s) or has permanently lost the use of a hand or arm.

Medical Professional's Printed Name	Specialty	
Office Address	City, State, ZIP	
Medical Professional's Signature	State Professional License Number (not NPI Number)	Today's Date
Signature of Collaborating or Supervising Physician (if signed above by resident or assistant)	Supervising State Professional License Number	

Part 4: Medical Eligibility for Meter-Exempt Parking

Complete this section **only if the applicant qualifies for meter-exempt parking**. To qualify, the applicant must have a valid Illinois driver's license, have an ambulatory disability described in Part 3, and have 1 of the following conditions below. Economic need does not qualify.

The applicant is eligible for meter-exempt parking as provided by statute due to the following **permanent** medical condition or disability:

Check all that apply:

- ☐ Cannot manage, manipulate, or insert coins or obtain tickets in parking meters or ticket machines due to lack of fine motor control of **both** hands.
- ☐ Cannot reach above their head to a height of 42 inches from the ground due to a lack of finger, hand, or upper-extremity strengt, or mobility.
- ☐ Cannot approach a parking meter due to the use of a wheelchair or other device for mobility.
- ☐ Cannot walk more than 20 feet due to an orthopedic, neurological, cardiovascular, or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.
- ☐ Missing a hand or arm or has permanently lost the use of a hand or arm.
- ☐ Patient is under 18 years of age and incapable of driving.

Medical Professional's Signature	State Professional License Number (not NPI number)	Today's Date
Signature of Collaborating or Supervising Physician (if signed above by resident or assistant)	Supervising State Professional License Number	