



Office Use Only

RENEWAL

DIRECTIONS: Both sides of this document must be signed and completed in full in order for the application to be processed.

JESSE WHITE
Secretary of State • State of Illinois

SIDE B
(To be completed by applicant)

PART 1. PERSON WITH DISABILITIES

I hereby apply for a Permanent Disability Parking Placard under statutory provision (625 ILCS 5/1-159.1), and certify that my physical condition entitles me to the issuance thereof. I am aware that the parking placard is **NOT** transferable, and that the authorized holder of the placard must be present and must enter or exit the vehicle at the time parking privileges are being used. Unauthorized use of a parking placard may result in a \$500 fine, driver's license suspension and/or revocation of the placard. **WARNING: IT IS ILLEGAL TO PROVIDE FALSE INFORMATION ON AN APPLICATION FOR A DISABILITY PARKING PLACARD OR LICENSE PLATES.** Violations may result in fines of up to \$1,000, driver's license suspension and/or revocation of the placard or plates.

IF INFORMATION HAS BEEN OMITTED, PLEASE FILL IN BELOW. IF INFORMATION HAS CHANGED OR IS INCORRECT, PLEASE LINE OUT AND MAKE CORRECTIONS IN SPACES BELOW.

_____ Date _____ Applicant's Signature

PLEASE PRINT OR TYPE BELOW:

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

.....FOR OFFICE USE ONLY.....

Parking Placard Number _____ Expiration Date _____

Issued By _____ Issue Date _____