



CITY OF URBANA  
400 S. VINE ST.  
URBANA, IL 61801

Effective  
April 2002

**SIDE A**  
*(To be completed by physician)*

**Persons with Disabilities Certification for Parking Placard**  
**(Must live in the Urbana-Champaign area)**

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

**DEFINITION: "PERSON WITH DISABILITIES" (625 ILCS 5/1-159.1)**

"A natural person who, as determined by a licensed physician: (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, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions."

(Please fill in the name of the person with the disability, state the diagnosis, and indicate the impairments below.)

Name of Person with Disabilities \_\_\_\_\_

Diagnosis \_\_\_\_\_

\*\*\*\*\* NOTE "Cannot walk 200 feet without stopping to rest" is no longer a qualifying disability unless it is related to one of the following conditions below. \*\*\*\*\*

- \_\_\_ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (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: (Can not 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. **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 signature

\_\_\_\_\_  
Physician's license number

**PLEASE PRINT LEGIBLY OR TYPE BELOW:**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_



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**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.

**PERSONS WITH DISABILITIES (Must live in the Urbana-Champaign area)**

I hereby apply for a Person with Temporary 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

**WARNING: MISUSE OF 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. The person with disabilities must exit or enter the vehicle when parking in areas reserved for such person or when parking at metered spots.

**PLEASE PRINT LEGIBLY OR TYPE BELOW:**

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

**Please provide the following information for the primary vehicle(s) used to transport the person with disabilities:**

**Vehicle 1:** Vehicle Identification # \_\_\_\_\_ Plate # \_\_\_\_\_

**Vehicle 2:** Vehicle Identification # \_\_\_\_\_ Plate # \_\_\_\_\_

**Please mail or bring completed application to the City of Urbana Finance Department, 400 S. Vine St., Urbana IL 61801**

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

PLACARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ISSUED BY \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ ENTERED \_\_\_\_\_