

ROSA COJULUN

Director of Finance - Village of Bolingbrook
(630) 226-8430

SIDE A

(To be completed by physician)

Persons with Disabilities Certification for 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 without the use of, or assistance form a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (2) is restricted by lung disease to such 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; or (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 applicant's name, describe the condition, and indicate the impairments below)

Person with Disabilities Name _____

Condition _____

******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******

_____ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.

_____ 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.

_____ 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

Physician's signature Physician's license number

PLEASE PRINT OR TYPE BELOW:

Physician's Name _____

Address _____

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

PART 1. PERSON WITH DISABILITIES

I hereby apply for a Disabilities 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 also aware that the person with disabilities parking device (whether plates or 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	Telephone ()	
Driver's License # or State ID			
Please provide the following information for the primary vehicle(s) used to transport the applicant:			
Vehicle 1: _____		Plate # _____	
Vehicle 2: _____		Plate # _____	

PART 2. FAMILY MEMBER

Family Member's Name		Date
Address	City	Zip
Relationship of member to person with disabilities		Telephone ()

_____ FOR OFFICE USE ONLY _____

Permit # _____ Expiration Date _____
Issued By _____ Issue Date _____

MISUSE OF THE DISABILITIES PARKING PLACARD CAN RESULT IN ITS REVOCATION

Parking privileges are strictly limited to the handicapped person. The disabled person must be present when parking the vehicle in areas reserved for the disabled.

Please mail all required documentation to FINANCE DEPARTMENT , 375 W. Briarcliff Road, Bolingbrook, IL 60440