



# Secretary of State Recertification/Renewal Organizational Parking Placard

This space for use by  
Secretary of State.

Please complete and send this form  
and any required documents to:

Secretary of State  
Non-Standard Plates Section  
501 S. Second St., Rm. 541  
Springfield, IL 62756  
www.cyberdriveillinois.com

For use by Corporations, School Districts,  
Limited Liability Companies, Nursing Homes,  
Convalescent Homes, or Special Education  
Cooperatives that Transport  
Persons With Disabilities.

### DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1-159.1)

"A natural person who, as determined by a licensed physician, by a physician assistant who has been delegated the authority to make this determination by his or her supervising physician, or by an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to make this determination: (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 the 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."

**DIRECTIONS:** This document must be read, completed and signed.

Name: \_\_\_\_\_ IL Charter Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

My organization is: (check the one that applies and complete information if applicable)

- A corporation in good standing with the State of Illinois. My IL Charter Number is: \_\_\_\_\_
- A limited liability company in good standing with the State of Illinois. My IL Charter Number is: \_\_\_\_\_
- A nursing home licensed to do business in the State of Illinois.
- A convalescent home license to do business in the State of Illinois.
- A school district located in the State of Illinois. My School District Code is: \_\_\_\_\_
- A special education cooperative located in the State of Illinois.

The following is a list of all current disability parking placards permit numbers that should be renewed.

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

I hereby certify that the organization listed above transports persons with permanent disabilities as defined by 625 ILCS 5/1-159.1. I further certify that the vehicles bearing the persons with disabilities parking placard may only be used when a disabled person is a passenger.

I further understand that any misuse of a parking placard/plates or making a false application may result in the revocation of my placards/plates, a 12-month suspension or revocation of my driver's license, and a fine of up to \$1000.

\_\_\_\_\_  
Authorized Agent as Listed above

\_\_\_\_\_  
Date