



RESIDENT NAME: _____ PHONE #: _____

ADDRESS: _____ ZIP: _____

Naperville

CITY OF NAPERVILLE INCORPORATED RESIDENTS ONLY
CERTIFICATION FOR PERSON WITH DISABILITIES PARKING CARD

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; 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.” **WARNING: Any person who knowingly misuses or makes a false or misleading statement on an application can be fined up to \$1,000**

(THIS SECTION TO BE COMPLETED BY THE PHYSICIAN)

Please fill in the applicant's name, state the diagnosis, and indicate the impairment(s), aid(s) used, and expected duration of disability in the area below.

Person with Disabilities Name: _____

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.
- ___ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.
- ___ Is severely limited in the person’s ability to walk due to an arthritic, neurological, or orthopedic condition.

EXPECTED DURATION OF DISABILITY: Non-Renewable Temporary (1-6 months only)

Please specify length of disability _____

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.**

(Physicians Signature)

Physician’s license number

PLEASE PRINT OR TYPE BELOW:

Physician’s Name: _____

Address _____ Telephone Number: _____

(THIS SECTION TO BE COMPLETED BY THE APPLICANT)

CERTIFICATION FOR A PERSON WITH DISABILITIES PARKING CARD

DIRECTIONS:

Complete Part 1 if person with disabilities is applying for parking card.

Complete Parts 1 and 2 if parent or legal guardian of the person with disabilities immediate family is applying for parking card.

PART 1. DISABLED PERSON

I hereby apply for a Person with Disabilities Parking Card 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 device, must not be used unless I am a driver or passenger in the vehicle.

_____ (Applicant's Signature)

DATE: _____

PLEASE PRINT OR TYPE BELOW:

Applicant's Name: _____

PART 2. FAMILY MEMBER

I hereby apply for a person with disabilities parking card as the owner of the vehicle(s) upon which the above named person with disabilities relies for his/her mode of transportation and that he/she does not own a vehicle in his/her name. I am also aware that the vehicle displaying a person with disabilities parking card must not be parked in areas designed for use by person with disabilities when the person with disabilities is not a passenger in the vehicle.

_____ (Signature of family member)

DATE _____

PLEASE PRINT OR TYPE BELOW:

Immediate family member's Name: _____

Address: _____ Zip: _____

RELATIONSHIP of member to person with disabilities _____

Telephone Number _____

PLEASE NOTE:

MISUSE OF THE PERSON WITH DISABILITIES PARKING CARD CAN RESULT IN ITS REVOCATION

Parking privileges are strictly limited to the person with disabilities. The disabled person must be present when parking the vehicle in areas reserved for the person with disabilities. **WARNING: Any person who knowingly misuses or makes a false or misleading statement on an application can be fined up to \$1,000**

RETURN TO: City of Naperville, City Clerk
400 S. Eagle St.
Naperville, IL 60540

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

PERMIT # _____ EXPIRES _____ ISSUED BY _____ DATE _____