

DISABLED PARKING PERMIT - APPLICATION

APPLICATION REQUIREMENTS:

1. Applicant must be a resident of Wheaton
2. Applicant must be disabled.
3. Applicant must provide a signed affidavit from their physician.
4. Applicant must have a valid Illinois Identification card number or State of Illinois driver's license number.
5. Completed applications are to be approved by Commander or Supervisor before issuance.

EXPIRATION AND RENEWAL:

1. All permits will expire on the date designated by the physician up to a maximum of 90 days and are non-renewable.

CAUSE FOR DENIAL OF PERMIT: A permit application may be denied if:

1. The application is not complete.
2. The application fails to meet the definition of a disabled person.
3. The applicant permitted the use of the permit by another person who is not entitled to.

TO BE COMPLETED BY APPLICANT:

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
COMPLETE ADDRESS		TELEPHONE NUMBER	

Applicant must answer the following questions.

	circle answer
1. I am a licensed driver number of license or state identification _____	yes no
2. I own the vehicle(s) in which the permit will normally be displayed.	yes no
3. I have applied for handicapped or disabled plates and have been refused.	yes no

To the best of my knowledge, the above answers are true and accurate. I 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 passenger in the vehicle.

WARNING: MISUSE OF DISABILITIES PARKING DEVICE can result in its revocation. The person with disabilities must be present when parking the vehicle in areas reserved for such person or for free at metered spots.

Permit Fee: \$2.00

Applicant's Signature

Date

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

"A natural person who, as determined by a licensed physician: (1) cannot walk 200 feet without stopping to rest; (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device; (3) 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; (4) uses portable oxygen; (5) 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 (6 is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition."

(Please fill in the applicant's name, describe the condition, and indicate the impairments below.)

Person with Disabilities Name_____

Condition_____

- Cannot walk 200 feet without stopping to rest.
- 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.
- 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 From _____ to _____ (limited to 90 days)

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

Date

(Please print or type) Physician's Name_____ Telephone _____

Complete Address _____

DATE ISSUED	PSR	PERMIT #
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DISABLED PARKING PERMIT

ISSUED TO: _____

THE OWNER OF THIS CARD IS AUTHORIZED TO PARK IN SPACES DESIGNATED FOR USE BY INDIVIDUALS WHO ARE DISABLED

"Parking privileges granted by this Section are strictly limited to the person to whom the disabled device was issued and to qualified operators acting under his express direction while the disabled person is present. The person whom the permit was issued must present personal identification to law enforcement upon request."

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DISPLAY OF PARKING CARD

The card should be hung on the rearview mirror. Dashboard or visor placement is allowed when no rearview mirror is available. Application for replacement if lost or defaced may be obtained by applying to the Wheaton Police Department. If at any time the card is no longer required please return it to the Wheaton Police Department, 900 W. Liberty Drive, Wheaton, Illinois 60187.

PARKING PRIVILEGES

Any vehicle displaying a disabled parking card, when such car is used for the transportation of the owner of this card, qualifies for parking in areas designed for use by disabled persons only. This card will not allow the vehicle to park in areas where parking is prohibited (such as "NO STOPPING" and "NO STANDING" zones, in front of or near fire hydrants, driveways, public building entrances and exits, bus stops and loading zones.) Vehicles are also prohibited from parking where the motor vehicle constitutes a traffic hazard.

EXPIRATION AND RENEWAL

All permits will expire on the date designated by the physician up to a maximum of 90 days after they are issued and they are non-renewable.

MISUSE OF THE DISABLED PARKING DEVICE CAN RESULT IN ITS REVOCATION!