

CERTIFICATION FOR TEMPORARY PERSONS WITH DISABILITES PARKING PLACARD

DIRECTIONS:

Both portions of this document must be signed and completed; the front side by the physician and the back side by the applicant.

DEFINITION: Person 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 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; or (7) is missing a hand or arm or has permanently lost the use of a hand or arm."

PHYSICIAN: Please fill in the applicant's name, describe the condition, and indicate the impairment(s), aid(s) used, and expected duration or disability in the area below:

Disabled person's name:

(Last) _____, (First) _____, (MI) _____

Condition: _____

Expected duration of the temporary disability: _____
(should not exceed 90 days for a temporary placard)

IMPARMENT

- Neurologic
- Orthopedic
- Respirator
- Loss of function or absence of limb(s)
- Arthritic Disorder
- Blindness
- Cardiac

AID(S) USED (if applicable)

- Walker
- Wheelchair
- Another Person
- Prosthetic Device
- Braces
- Crutches

"I hereby certify that the physical condition of the handicapped person listed therewith constitutes him/her as a person with disabilities under 625 ILCS 5/1-159.1"

(Physician Signature)

PLEASE PRINT OR TYPE BELOW:

Physician's Name: _____

Address: _____

Phone Number: _____

APPLICANT (MUST BE A VILLAGE RESIDENT): “As a Village of Oswego resident I hereby apply for a temporary Persons With Disabilities Parking Permit 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 Persons With Disabilities Parking Placard must not be used unless I am a passenger in the vehicle.”

_____ (Applicant’s Signature) _____ (Date)

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

PLEASE PRINT OR TYPE BELOW:

Applicant’s Name: (Last) _____, (First) _____, (MI) _____

Applicant’s DL or State ID # _____ **(MANDATORY BY STATUTE)**

Address: _____

Phone Number: H) _____ C) _____

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

Placard Number: _____

Expiration Date: _____

Person issuing this placard: _____

Date of Issue: _____

Type of placard: **TEMPORARY**

<p>Was applicant previously a holder of a person with disabilities placard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate: Name of previous issuer: _____</p> <p>Previous Placard Number: _____ Expiration Date: _____</p> <p>Was previous placard collected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, indicate why not: _____</p>
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