

DIRECTIONS: Both sides of this document must be signed and completed in its entirety in order for the application to be processed.

PART 1. VETERAN WITH DISABILITIES:

I hereby apply for Disabled Veteran License Plates (Application and fee for registration must accompany this form. Fee is based upon the current plate expiration, date of purchase of vehicle if newly acquired, or the date of application, whichever is applicable.) **APPLICANTS MUST HAVE A PERMANENT DISABILITY TO OBTAIN DISABILITY PLATES.**

Under the statutory provision (625 ILCS 5/1-159.1), I certify that my service-connected physical condition entitles me to the issuance thereof. I also am aware that the Persons with Disabilities parking device (plates or parking placard) must not be used unless I am the driver or passenger in the vehicle.

_____ Date _____ Applicant's Signature

WARNING: MISUSE OF OR FALSE APPLICATION FOR PERSONS WITH DISABILITIES PLATES OR PARKING PLACARDS may result in revocation of the plates or placard, a 30-day driver's license suspension, and a fine of up to \$1,000. The authorized holder of the disability plates or parking placard must be present and must enter or exit the vehicle at the time parking privileges are being used.

PLEASE PRINT OR TYPE BELOW:

Name of Veteran with Disability	_____ OR _____ Male Female	Date of Birth (Month/Day/Year)	
Address		City	ZIP
Driver's License or State ID Card Number of Veteran with Disability			Telephone Number