

The Village of Tinley Park
\$3.00 fee

Side A
(To be completed by physician)

Certification for Handicapped Parking Card

Directions:

Both sides of this document must be signed and completed, Side A by the physician and Side B by the applicant.

Definition: "Handicapped Person"

Chapter 95 ½, Par: 1-159.1, Illinois Revised Statutes (PA83-1058)

"Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."

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

Handicapped person's name: _____

Condition: _____

| Impairment | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Arthritic Disorder |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Loss of function or absence of limb or limbs | | |

| Aid(s) Used (if applicable) | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Walker | <input type="checkbox"/> Another person | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Prosthetic Device | <input type="checkbox"/> Crutches |

Expected Duration of Disability:

3 months

I hereby certify that the physical condition of the handicapped person listed herewith constitutes him/her as a handicapped person as described under Section 1-159.1 of the Illinois Revision Statutes.

(Physician's signature)

Please print, type, or stamp below:

Physician's name: _____

Address: _____

Telephone number: _____

Certification for Handicapped Parking Card

Directions:

Complete Part 1 if the handicapped person is applying for a parking card.
Complete Parts 1 and 2 if a member of the handicapped person's immediate family is applying for a handicapped parking card.

Part 1. Handicapped Person

I hereby apply for a Handicapped Parking Card.

Please print, type, or stamp below:

Applicant's name: _____

Address: _____

Phone number: _____

Part 2. Family Member

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

_____ Date: _____

(Signature of family member)

Please print, type, or stamp below:

Immediate family member's name: _____

Address: _____

Relationship to handicapped person: _____

Telephone number: _____

Note:

Misuse of the handicapped parking device can result in its revocation. Parking privileges are strictly limited to the handicapped person. The disabled person must be present when parking vehicle in areas reserved for the handicapped.

For office use only

Permit #: _____ Expires: _____ Issued by: _____ Date: _____