



OFFICE OF THE CITY CLERK
ANNA M. VALENCIA
CITY OF CHICAGO

Hello,

This letter is to inform you that the following vehicle requires re-application for the No-Fee Disability City Vehicle Sticker. Please find enclosed the No-Fee Disability City Vehicle Sticker application for persons with disabilities. Persons with Disabilities (muni. Code: 3-56-050) is defined as every natural person who has permanently lost the use of a leg or both legs or arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to walk without the aid of crutches, tripod type cane, walker, or wheelchair; and has a valid disability plate issued by the Illinois Secretary of State.

All applicants, including those previously in the program, must complete this application every year

REQUIRED DOCUMENT CHECKLIST:

- Application for No-Fee City Vehicle Sticker
- Authorization for Use and Disclosure of Protected Health Information
- Unexpired Driver's License OR State ID
- Unexpired Vehicle Registration with Disability License Plates (W-Plates)
- Current Doctor's Statement no older than 3 months if applicant has no driver's license**

Please fax the application and required documents to 312-744-6952 or mail all contents to:

Office of the City Clerk
121 N. LaSalle St., Rm. 107
Attn: No Fee
Chicago, IL 60602

Please postmark one full month before your City Vehicle Sticker expires to allow time for processing your application. If approved, you will be mailed a No-Fee Disability City Vehicle Sticker. **Your new City Vehicle Sticker must be displayed IMMEDIATELY after the expiration date. There is no grace period for tickets.**

If you have any questions about applying, please call our office at 312-744-3647. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathryn O'Connell', written in a cursive style.

Kathryn O'Connell
Chief of Staff

***Note to Parents or Guardians of disabled individuals:**

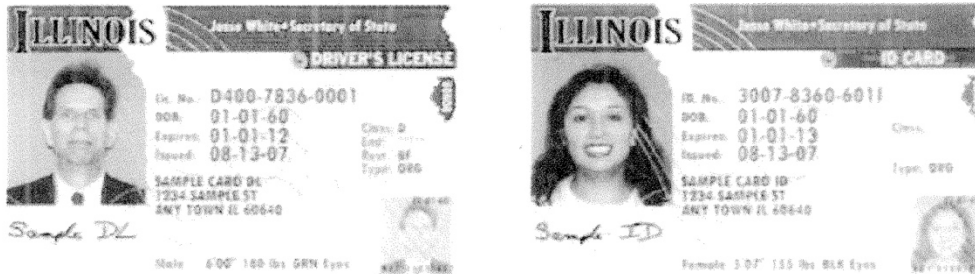
If you are the parent or legal guardian of a disabled individual and living in the same household, you may qualify for the No-Fee Disability City Vehicle Sticker. However, you must provide acceptable proof of your relation to the individual. Acceptable forms include: a copy of the disabled individual's birth certificate and/or court order for guardianship. We will require a copy of the parent or guardian's valid Illinois Driver's License and/or State ID.



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NO-FEE DISABILITY APPLICATION CHECKLIST

REQUIRED #1: Unexpired Driver's License OR State ID (if no driver's license) ***



***Your doctor's letter **MUST** be dated **within the past three (3) months** if you do not have a current driver's license and only have a State ID.

REQUIRED #2: Unexpired Vehicle Registration with Disability License Plates (W-Plates)

2018 Illinois Registration Identification Card
 Jesse White, Illinois Secretary of State

SPGQ01/06/17:01:001 101.00CK01
 99901 7JGQ10017 0917

Vehicle Year 1998	Vehicle Make FORD	VIN ABC123456789000000
Weight or CC's	Body Style COUPE	Application Type PASSENGER
Axels	Leased/Rental	Unit Number
		File Number
		County 011 CHRISTIAN
Driver's License Number(s) or FEIN(s)		Expiration Date SEPTEMBER 20,2018
		Plate Number W-123456
Renewal Fee Due 101.00		

All license plates **MUST** start with the letter **W**.

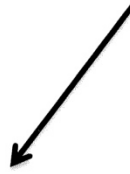


PLEASE NOTE, if your license plate does **NOT** look like this, you do **NOT** have a wheelchair plate (disability license plate).



Handicap placards are NOT license plates.

Placards do NOT Qualify.



To apply for these plates, you must go to your local Secretary of State (DMV) location to fill out the application and purchase the plates. For more information, please contact:

Illinois Secretary of State
 Persons with Disabilities License Plates/Placard Unit
 501 S. Second St. Rm. 541

217-782-2709
 217-782-2434
 217-782-3166

Or visit their website at: <http://www.dmv.org/il-illinois/disabled-drivers.php>

- REQUIRED #3: Current Doctor's Statement no older than 3 months if applicant has no driver's license.**

[DOCTOR'S OFFICE LETTERHEAD]

[DATE]

[ADDRESS]

Doctor's dated statement on their letterhead with license number including:

- (1) The nature of the disability;
 - (2) That the disability is PERMANENT;
- AND**
- (3) Involves the loss of use of a limb;
- OR**
- (4) Requires PERMANENT use of a wheelchair, walker, crutches, or tripod type (multipronged) cane to ambulance.

[DOCTOR'S SIGNATURE]

[DOCTOR'S LICENSE NUMBER]

- REQUIRED #4: Keep a COPY of this application. FAX application to 312-744-6952**

OR MAIL TO:

Office of the City Clerk
121 N. LaSalle St., RM 107
Attn: NO FEE
Chicago, IL 60602



OFFICE OF THE CITY CLERK
ANNA M. VALENCIA
CITY OF CHICAGO

APPLICATION FOR NO FEE DISABILITY CITY VEHICLE STICKER

Applicant's Name: _____

Last Name

First Name

Address: _____

Street

Unit Number

CHICAGO, ILLINOIS

_____ Zip Code

Phone: _____ Driver's License/State ID#: _____

Illinois Disability License Plate Number: _____

***Note: If application is being completed on behalf of a disabled individual, please include the following information about yourself:**

Name: _____

Last Name

First Name

Address: _____

Relationship to Applicant: _____

Persons with Disabilities (muni. Code: 3-56-050) is defined: Every natural person who has permanently lost the use of a leg or both legs or arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to walk without the aid of crutches, tripod type cane, walker, or wheelchair; and has a valid disability plate issued by the Illinois Secretary of State

I hereby apply for a No Fee Disability City Vehicle Sticker under the above-mentioned provision and certify that my physical condition entitles me to the use of this type of City Vehicle Sticker. I understand that the unauthorized use of the No Fee Disability City Vehicle Sticker will lead to its surrender. The Office of the City Clerk may cancel this City Vehicle Sticker privilege at any time and the holder must surrender it on demand.

I certify that the statements set forth in this document are true and correct, and I acknowledge that persons who make material false statements may be fined not less than \$500, nor more than \$1,000, plus three times the City's damages, litigation costs, collection costs, and attorney's fees pursuant to Section 1-21-010 of the Municipal Code of Chicago.

Applicant's Signature: _____ Date: _____