



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

Dear Sir or Madam,

Please find enclosed the No-Fee Disability City Sticker application for **permanently disabled persons who cannot walk or who have lost the use of a limb**. All applicants, *including those previously in the program*, must complete this application every year.

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.

**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 sticker expires to allow time for processing your application. If approved, you will be mailed a “no-fee” vehicle sticker. **Your new city 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 312-744-7848. Thank you for your cooperation.

***\*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” 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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**APPLICATION FOR "NO-FEE" CITY STICKER**

Applicant's Name \_\_\_\_\_  
*Last First Middle Initial*

Address \_\_\_\_\_  
*Street Unit # Zip Code*

Phone \_\_\_\_\_ Driver's License/State ID# \_\_\_\_\_

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

Name \_\_\_\_\_  
*Last First Middle Initial*

Address \_\_\_\_\_  
*Street Unit # Zip Code*

Relationship to Applicant \_\_\_\_\_

Persons with Disabilities definition (*muni. code: 3-56-050*) : 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.

I hereby apply for a "no-fee" city vehicle sticker under the above provision and certify that my physical condition entitles me to the use of this sticker. I understand that the unauthorized use of the disability sticker will lead to its surrender. The Office of the City Clerk may cancel this sticker privilege at any time and the holder shall surrender it on demand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Illinois Disability License Plate Number: W \_\_\_\_\_  
(*Must be Disability Plate*)

**\*\* You must attach a copy of your valid Driver's License or State ID**



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**AUTHORIZATION FOR USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

1. I, \_\_\_\_\_, authorize all health care providers, including physicians, nurses, and all other persons (including entities) who may have provided, or may be providing, me with any type of health care, to make disclosures of the information related to my application for a City of Chicago “no fee” vehicle sticker to the Chicago City Clerk’s office.
2. This authorization is intended to provide my health care providers with the authorization necessary to allow each of the to disclose protected health information regarding me to the person described above for the purposes stated above.
3. Information disclosed by a health care provider pursuant to this authorization may be subject to redisclosure and may no longer be protected by the privacy rules of 45 CFR § 164, et seq..
4. This authorization may be revoked by writing signed by me or by my guardian or personal representative.
5. This authorization shall expire 1 year after my death unless validly revoked prior to that date.

**Applicant’s name (please print legibly):** \_\_\_\_\_

**Applicant’s signature:** \_\_\_\_\_

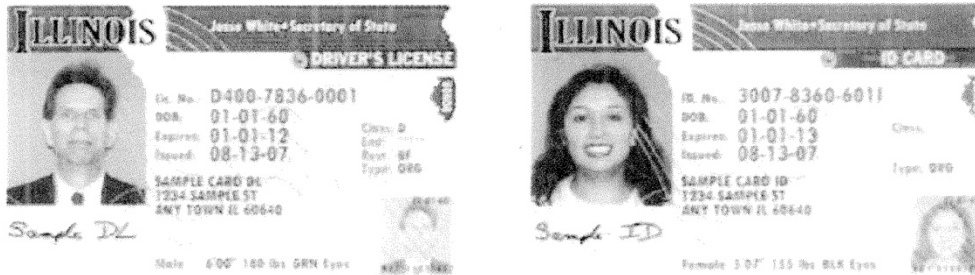
**Date:** \_\_\_\_\_



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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 <b>1998</b>		Vehicle Make <b>FORD</b>		VIN <b>ABC12345678900000</b>	
Weight or CC's		Body Style <b>COUPE</b>		Application Type <b>PASSENGER</b>	
Axels	Leased/Rental	Unit Number	File Number	County	<b>011 CHRISTIAN</b>
Driver's License Number(s) or FEIN(s)			Expiration Date <b>SEPTEMBER 20, 2018</b>		
Renewal Fee Due <b>101.00</b>			Plate Number <b>W-123456</b>		

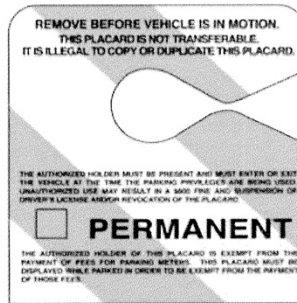
All license plates **MUST** start with the letter **W**.



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**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>



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- 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 ambulate.

**PLEASE NOTE:** A regular cane does not qualify for this program nor does occasional use of ambulation assistance devices.

**[DOCTOR'S SIGNATURE]**  
**[DOCTOR'S LICENSE NUMBER]**

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

**OR MAIL TO:**

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121 N. LaSalle St., RM 107  
Attn: NO FEE  
Chicago, IL 60602