



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

January, 2019

Dear Customer,

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 disabilities¹.

REQUIRED DOCUMENT CHECKLIST:

- Application for No-Fee City Sticker including Medical Eligibility Certification (*Enclosed*)
- Authorization for Use and Disclosure of Protected Health Information (*Enclosed*)
- Unexpired Driver's License OR State ID

NOTE: If your ID has no expiration date (ie. 99-99-9999) you must bring these materials in-person.

- Unexpired Vehicle Registration with Disability License Plates (*W-Plates*)
- If parent or legal guardian of disabled person, acceptable proof of your relation to the disabled person **MUST** be included. *NOTE: Acceptable proof includes birth certificate and/or court order.*

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 upon the expiration date or your previous City Vehicle Sticker. 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,

Stacy C. Howlett
Chief Operating Officer
Chicago City Clerk

¹*Persons with Disabilities (Municipal 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.*

Part 1: Application for a No-Fee Disability City Sticker

You **MUST** complete all of the information in the form below.

Name of Person with Disability

First Name	Last Name
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Address

Chicago, Illinois

Street	Unit Number	Zip Code
Phone	Driver's License/State ID#	
Illinois Disability License Plate Number		

Part 2: Medical Eligibility and Medical Professional Certification

(To be completed by the medical professional)

As a licensed physician, advanced practice nurse or physician's assistant, I certify the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities as defined in City of Chicago Municipal Code Section 3-56-050 due to a diagnosis of: _____.

Is the disability permanent?

Yes No

Check all that apply (*must check at least one*):

Patient is missing a limb.

Patient cannot walk without the assistance of a:

Wheelchair Walker Crutches Tripod cane

Medical Professional Certification

As the medical professional verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining a No Fee Disability Vehicle Sticker is a false representation of a person's disability for the purposes of obtaining a no fee disability vehicle may result in me being 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.

Medical Professional's Name	Doctor's Stamp		
Office Phone Number			
Address	City, State, Zip		
Signature	State Professional License Number	Today's Date	

Part 3: For Parent or Legal Guardian of Person with a Disability

As a parent or legal guardian residing in the household of the disabled individual named in Part 1, I hereby apply for a No Fee Disability Vehicle Sticker.

Parent of Legal Guardian Name
Relationship to Person with a Disability
Address
City, State, Zip
Illinois Driver's License Number of Parent or Legal Guardian
Telephone Number
Today's Date
Signature

As the parent or legal guardian of person with disability, I certify that the person with a disability resides with me in the same household and I have the primary responsibility for their transportation. Also, I understand that making a false representation of a person's disability for the purposes of obtaining a No Fee Disability Vehicle Sticker may result in me being 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 .

Signature_____.



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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 entitles*) 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: _____