



Secretary of State Certification for Hearing Impaired License Plates

This space for use by
Secretary of State.

Please complete and send this form
and any required documents to:

Non-Standard Plates Section
501 S. Second St., Rm. 541
Springfield, IL 62756
www.cyberdriveillinois.com

DIRECTIONS:

SECTION A: This section is to be completed by all persons applying for Hearing-Impaired License Plates.

SECTION B: **ONE** of the following must be completed as verification of hearing impairment.

- (1) Completed by submitting Illinois Disabled Persons Identification Card.
- (2) Completed by a Representative of the Department of Rehabilitation Services (DORS) if applicant is currently a client.
- (3) Completed by a licensed physician.

QUALIFICATION: A Type Four hearing disability pursuant to Section 4A of the Illinois Identification Card Act which states in part:

"A hearing disability is a disability resulting in the complete absence of hearing or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the means of receiving spoken language."

SECTION A: TO BE COMPLETED BY THE HEARING IMPAIRED INDIVIDUAL

Applicant's Name: _____

Address: _____ City: _____ ZIP Code: _____

Daytime Telephone Number: _____

Applicant's Signature: _____ Date: _____

SECTION B: PLEASE HAVE #1, #2, OR #3 COMPLETED

(1) ILLINOIS DISABLED PERSONS I.D. CARD INFORMATION:

If you are already in possession of an Illinois Disabled Persons Identification Card that states that you have an "H" classification, it is necessary to submit a photocopy of your Identification Card and complete the following.

I.D. Number: _____ Exp. Date: _____

(2) TO BE COMPLETED BY A REPRESENTATIVE OF THE DEPARTMENT OF REHABILITATION SERVICES (DORS).

Note: Those individuals who are currently clients of DORS may submit this form to their local DORS counselor for verification of their Hearing Impairment prior to submission to the Secretary of State's Office.

SECTION B (2): (cont.)

Please Print or Type Below:

Applicant's Name: _____

Applicant's Condition: _____

I hereby certify that the above-cited individual's medical records on file within our agency do affirm that the applicant's hearing impairment does comply with the aforementioned criteria.

Agency Rep. Signature: _____

Address: _____ City: _____

Date: _____ Telephone Number: _____

(3) TO BE COMPLETED BY A LICENSED PHYSICIAN.

Please Print or Type Below:

Applicant's Name: _____

Hearing Impaired Diagnosis: _____

I hereby certify that the hearing impairment of the applicant listed constitutes him/her as Hearing-Impaired pursuant to section 4A of the Illinois Identification Card Act, which states in part: *"A hearing disability is a disability resulting in the complete absence of hearing or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the means of receiving spoken language."*

Physician's Signature: _____

Physician's Name: _____

Address: _____ City: _____

Physician's License Number: _____ Telephone Number: _____

Office Use Only

Date: _____ Issued By: _____ Plate Assigned: _____

For more information, call the Non-Standard Plate Section at 217-785-4175.