



OFFICE OF THE CITY CLERK
ATTN: NO FEE
121 N. LASALLE ST., RM 107
CHICAGO, IL 60602-1231



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

v010926

January 2026

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 disabilities ¹. All applicants, including those previously in the program, **MUST** complete this application each year.

VEHICLE INFORMATION	
VIN:	EXAMPLE1234
Plate	W-EXAMPLE
Make/Model:	EXAMPLE/EXAMPLE

REQUIRED DOCUMENT CHECKLIST:

- Part 1:** Completed Resident Application for No-Fee City Sticker
- Part 2:** Attached copy of valid unexpired Illinois 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.*
- Part 3:** Attached copy of valid unexpired Illinois Vehicle Registration with W-Plates
- Part 4 & Part 5:** Completed Medical Eligibility and Medical Professional Certification
- Part 6:** Authorization for Use and Disclosure of Protected Health Information
- Part 7:** *When applicable* If parent or legal guardian of a minor with a disability, acceptable proof of your relation to the person with a disability **MUST** be included.
NOTE: *Acceptable proof includes birth certificate and/or court order.*

Please send application and required documents to either
CityClerkNFD.CityClerkNFD@cityofchicago.org, fax (312) 744-2022 or US Mail:

***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 of your previous City Vehicle Sticker.

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

Sincerely,

Riley Bowlin
Chief Operating Officer
Chicago City Clerk

¹Persons 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.

NO-FEE DISABILITY CITY STICKER APPLICATION

Plate Number: W

You **MUST** complete *all* of the information and include copies/attachments for the form below.

PART 1: Personal Information

Name of Person with Disability

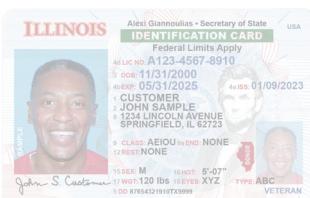
First Name	Last Name
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Address

Chicago, Illinois

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

PART 2: Copy of Driver's License or State ID



Attach a copy of an **Unexpired Illinois Driver's License **OR** Illinois State ID** to this page.

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

PART 3: Copy of Disability Vehicle Registration with Disability License Plates



20XX Illinois Registration Identification Card
Alexi Giannoulias, Illinois Secretary of State
SPGQ01/08/18-01-0016: 101.00 CK01
99901 7JGQ10016 R 091

Vehicle Year: 1998	Vehicle Make: FORD	VIN: 1FADP40430WF13340
Weight or CWT: 1200	Body Style: COUPE	Application Type: PASSENGER
Axes: 2	Leased/Rented: Yes	File Number: 011
Driver's License Number(s) or FEIN(s):		County: CHRISTIAN
Expiration Date: SEPTEMBER 30, 20XX		Permit Number: W-PLATES
Renewal Fee Due: 101.00		



Attach a copy of an **Unexpired Vehicle Registration with Disability License Plates** to this page.

Label your each page of your application.

BERT SMITH
KARA SMITH
12 WASHINGTON
EDINBURG IL 62531

Registration ID: 3476 7596 PIN:0513

NO-FEE DISABILITY CITY STICKER APPLICATION, CONT.

Plate Number: W

You **MUST** complete *all* of the information and include copies/attachments for the form below.

PART 4: 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/them 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

PART 5: 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 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, Zipcode	State Professional License Number
Signature	Today's Date

NO-FEE DISABILITY CITY STICKER APPLICATION, CONT.

Plate Number: W-

You **MUST** complete *all* of the information and include copies/attachments for the form below.

PART 6: 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 them 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 re-disclosure and may no longer be protected by the privacy rules of 45 CFR § 164, et seq..

- 4.** This authorization may be revoked in 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: _____

NO-FEE DISABILITY CITY STICKER APPLICATION, END.

Plate Number: W-

You MUST complete all of the information and include copies/attachments for the form below.

PART 7: For Parent or Legal Guardian of Person with a Disability (if needed)

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

As the parent or legal guardian of a 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: _____

Date: _____