



Secretary of State
Certification for
Impaired Communication with
Peace Officer

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. 520
Springfield, IL 62756
ilsos.gov

DIRECTIONS:

SECTION A: This section is to be completed by all persons applying for notification of impaired communication.

SECTION B: This section is to be completed by licensed physician, licensed psychologist, or non physician mental
health professional.

SECTION A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Name of child or other authorized driver (if applicable): _____

Address: _____ City: _____ ZIP: _____

Daytime Telephone Number: _____

Applicant's Signature: _____ Date: _____

List of license plates: _____

SECTION B: TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL OR MENTAL HEALTH PROFESSIONAL

Please Print or Type Below:

Applicant's Name: _____

Name of child or other authorized driver (if applicable): _____

Communication Impaired Diagnosis: _____

I hereby certify that the communication impairment stated by the applicant constitutes an impairment pursuant to 625 ILCS 5/3-
405.5 of the Illinois Vehicle Code, which states in part: "[T]he applicant voluntarily may indicate that the applicant, child of the applicant,
or other approved driver of the registered vehicle has a health condition or disability that may impede effective communication with a
Peace Officer."

Physician's Signature: _____

Physician's Name: _____

Address: _____ City: _____

Physician's License Number: _____ Phone Number: _____

Office Use Only

Date: _____ Issued By: _____ Plate Assigned: _____

For more information, call 1-800-252-8980.