

## PERSON WITH DISABILITY PARKING PLACARD APPLICATION NO FEE REQUIRED SEE REVERSE SIDE FOR INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS

FOR DEPARTMENT USE CINLY
Bureau of Motor Vet icles • P.O. Box 68268 • Harrisburg, PA 17106-8268

										11/100 02:00	
	ORIGINAL REQUEST - Permanent Placard Sever RENEWAL REQUEST - (For Permanent Placards Only)		PPROPRIAT								
<u></u>	REPLACEMENT REQUEST - PLACARD Defaced Lost Stolen Never Received PREVIOUS PLACARD #										
	CHANGE OF ADDRESS - Complete Sections A and E. NOTE: N CHANGE OF NAME - Complete Sections A and E. Check here t	o indicat	e reason for ch	ange of nam			_	_	Other:		
Α	APPLICANT INFORMATION - LIST NAME AND ADDRE complete and attach Form MV-8.	SS OF	PERSON WIT	H DISABIL	ITY - N	OTE:	f listing ar	out-of-st	tate address	, you must also	
	Last Name (or Full Business Name) First Name		Middle	Name	PA DL or Bus	/Photo I . ID#	D#			Date of Birth	
	Street Address		City					State	Zip Code		
	Email Address										
	NOTE: If you are the parent or adult charged by law with the natural parent's loco-parentls), you must complete the information below below. In addition, a on behalf of the child, adult child or spouse (applicant) provided the applicant	rights, dut parent, inc it meets eli	ies and responsible cluding an adoptive giblity requiremen	ities acting on to or foster parents (1) through (8	pehalf of a it who has 3).	ninor c	hild (under 18 care or cont	3) in place rol of the cl	of the child's n hild or adult ch	atural parents (person in alld or a spouse may sign	
	Name of Parent, Person in Loco Parentis or Spouse			Relationshi	p to App	licant				• • • • • • • • • • • • • • • • • • •	
	Street Address		City					State	Zip Code		
В	CERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OR CERT OHIO). THIS SECTION MUST BE COMPLETED IN FULL. HEALTH CARE P document issued by the Department, such as a disabled person parking	ROVIDERS placard or	MAY ONLY CER	TFY DISABILIT	IES WITH	IN THE	R SCOPE OF	PRACTIC	E. WARNING:	Altering or forging a	
	is a misdemeanor of the first degree pursuant to the Vehicle Code, 75 Pa.										
	I hereby certify that the person with the disability listed above is under application under "Eligibility Requirements": List Reason Code # Here (NOTE	: Only the	and has the follow use conditions list icant for a persor	ed on the rever	rse side d	fihis an	erse side of plication qua	this R	20/	DRRECTED	
	NOTE: If reason code #1 is listed above, please indicate the individua  If reason code #4 is listed above, please indicate the type of d	l's visual a	cuity by complet					В		RRECTED	
	Temporary placards are only issued for a period of time not to exceed the placard issued, the applicant must be recertified by a health care p	six month		requires addit	ional tim	e after ti	ne expiration	of L	20/ 20/		
	Health Care Provider's Printed Name Health	Care Pro	ovider's Signat	ıre					Medical Li	cense No.	
	Office Street Address	City	· · · · · · · · · · · · · · · · · · ·	·	;	State	Zip Code	,	Telephone	Number	
С	CERTIFICATION BY POLICE OFFICER - Police officer r	nay only	y certify that	he applica	nt does	ot h	ave full u	se of a	( ) leg or bot	h legs, or is blind.	
	NOTE: If Section B above is completed, please skip the This is to certify that the person with disability listed above.					ti the	use and a				
	is to certify that the person with disability listed above has the condition listed and is entitled to the use and privileges of the person with disability ing placard.    OR does not have full use of a leg or both legs as evidenced by the use of a: wheelchair walker crutches cane/quad cane other prescribed device										
	Officer's Printed Name	=	prescribed de ficer's Signatu							-	
	Office Street Address		nicer a Orginatu						Badge Nur	mber	
		City				itinte	Zip Code	j	Telephone		
U	CERTIFICATION FROM U.S. DEPARTMENT OF VETERA OR SERVICE UNIT IN WHICH THE VETERAN SERVED ( AWARDS LETTER, OR SINGLE NOTIFICATION LETTER	UKALE	FAIRS REGIO	NAL OFFIC OCOPY OF	E ADM	II IISTE IPLIC	RATOR (P CANT'S LI	HILADI ETTER (	LPHIA OR OF PROMI	R PITTSBURGH) ULGATION,	
	following service connected disability reason code numb	This is to certify that the veteran listed above with VA number, has a 100% service-connected disability or has the ollowing service connected disability reason code number, listed on the reverse side of this application under "Eligibility Requirements."  NOTE: If reason code #4 is listed, please indicate the type of device used:									
1	Authorized Printed Name and Title: Authorized Signature:										
	In lieu of the U.S. Department of Veterans Affairs Region Promulgation, Awards Letter, or Single Notification Letter	nal Office that ind	Administrator icates I have a	certification,	l have	attach	ed a legibl disability.	e photod	copy of my	Letter of	
E	NOTARIZATION AND APPLICANT SIGNATURE - Applic							n Section	on A must	sign below.	
	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY	YEA	l sta R affirr	e that I have	read an	d signe	d this applic	cation afte	er its comple	tion, and I swear or	
	SIGNATURE OF PERSON ADMINISTERING OATH	made on or pursuant to this application is subject to the penalties of 18 Pa.C.S.  Section 4903 (a)(2) (relating to false swearing), which shall include number part of a									
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	A		-	Apı	olicant Sig	n ature		Dat	<u>e</u> (	) Telephone Number	
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## INSTRUCTIONS

- 1. Permanent Placard Complete Sections A, B of C (NOT BOTH) and E. **NOTE:** Individuals should list their PA Driver's License (PA DL) or Photo ID# in the space provided. Businesses should list their Business ID# (Bus. ID) where indicated (i.e. E.I.N.).
- 2. Severely Disabled Veteran Placard Complete Sections A, D and E.
- 3. Temporary Placard Complete Sections A, B and E. NOTE: Only licensed health care providers\* may certify disabilities for temporary placards. Temporary placards may be issued for a period up to six months and may not be extended for an additional period of time. When additional time is needed, a new application must be completed and certified by a health care provider. In addition, please list your previous placard number.
- 4. Renewal Request Complete Sections A and E NOTE: Notarization is not required.
- 5. Replacement Request Indicate if applying for a replacement placard or ID card. Please check reason for replacement; Lost, Stolen, Defaced or Never Received. List your previous placard number and complete Sections A and E. NOTE: If product was not received within 90 days, please check the "Never Received" box or if product was not received for over 90 days please check the "Lost" box.
- 6. Change of Address Complete Sections A and E. NOTE: Notarization is not required.
- Change of Name Complete Sections A and E. Check the block on the front of this application to indicate reason for change of name. NOTE: Notarization is not required.
- \* Health Care Provider is defined as a physician, chiropractor, optometrist, podiatrist, physician's assistant or a certified registered nurse practitioner licensed or certified in Pennsylvania or a contiguous state. Health care providers may only certify disabilities within their scope of practice.

Placard Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with Disability Placard	<ul> <li>"Reason Co les"</li> <li>Applicant: <ol> <li>is blind.</li> <li>does not have full use of an arm or both arms.</li> <li>cannot walk 200 feet without stopping to rest.</li> <li>cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.</li> <li>is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.</li> <li>uses portable oxygen.</li> <li>has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by th∋ American Heart Association.</li> <li>is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.</li> <li>is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above.</li> <li>is the parent, including adoptive parent or foster parent, of a child or adult child provided that the person has custody, care or control of the child or adult child satisfies paragraph (1), (2), (3), (4), (5), (6), (7) or (8).</li> </ol> </li> <li>is the spouse of person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8).</li> </ul>	<ul> <li>(1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs.</li> <li>(2) The placard is required to be displayed when the vehicle is parked in areas designated for use by persons with disability only and must not be displayed when the vehicle is being operated on the highway.</li> <li>NOTE: Organizations that operate a passenger vehicle to transport persons with disabilities must supply the Department with the following: <ul> <li>a) A notarized statement of how the placard will be used and the type of services that will be provided.</li> <li>b) The weekly or monthly number of hours that the services are provided.</li> <li>c) The make of the vehicle(s), including the title number, vehicle identification number and registration plate number. The vehicle(s) must be titled in the name of the organization and must be a passenger vehicle.</li> <li>d) The number of placards required: (Organizations may not be issued more than eight placards in the organization's name.)</li> </ul> </li> </ul>	(1) Parking permitted in spaces designated for disabled persons and for 60 minutes in excess of legal parking period except where local ordinances or police regulations provide for the accommodation of heavy traffic during morning, afternoon or evening hours.  (2) Upon request of a person with disability, local authorities may erect on the highway as close as possible to the person's residence a sign(s) indicating that the place is reserved for the person with disability, that no one else may park there unless a person with disability plate or placard is displayed and that any unauthorized person parking there will be subject to a fine.
	(2), (3), (4), (5), (6), (7) or (8).  on in Loco Parentis - ANY ADULT charged by law with the land of the child's natural parents.	n the natural parent's rights, duties and responsib	ilities acting on behalf of a
Severely ( Disabled Veteran Placard	1) 100% service-connected disability certified by the U.S. Department of Veterans Affairs (Pittsburgh or Philadelphia) or service unit in which the veteran served or as shown on the applicant's Letter of Promulgation, Awards Letter, or Single Notification Letter.	Same as 1 and 2 above for Person with Disability Placard.	Same as above for Person with Disability Placard.
(	<ol> <li>Same disabilities as listed above for Person with Disability Placard but must be service-connected.</li> </ol>		

## Use of Person with Disability and Severely Disabled Veteran Placards:

- . Placards are to be used only when the vehicle in which it is displayed is parked and is being used for the transportation of the person with disability.
- . Any vehicle lawfully displaying a placard will qualify for parking in areas designated only for use by persons with a disability.
- . The placard will not allow vehicles to park where parking is prohibited.

Send completed application to: PennDOT, Bureau of Motor Vehicles, P.O. Box 68268, Harrisburg, PA 17106-8268