

**MV-145A (09-04)**

Commonwealth of Pennsylvania  
Department of Transportation  
Bureau of Motor Vehicles  
P.O. Box 68268  
Harrisburg, PA 17106-8268

**PERSON WITH DISABILITY  
PARKING PLACARD APPLICATION**

*(One Placard Per Qualified Person)*  
**NO FEE REQUIRED**

FOR DEPARTMENT USE ONLY

**CHECK (✓) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements**

- ORIGINAL REQUEST -  Permanent Placard     Severely Disabled Veteran     Temporary Placard
- RENEWAL REQUEST - (For Permanent Placards Only)
- REPLACEMENT REQUEST -  PLACARD     ID CARD     Defaced     Lost     Stolen
- CHANGE OF ADDRESS/NAME

PREVIOUS PLACARD # \_\_\_\_\_

**A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY**

Last Name	First	Middle Initial	Social Security #	Date of Birth
Street Address		City	State	Zip Code
<b>NOTE:</b> If you are the parent or adult charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below.				
Name of Parent or Person in Loco Parentis		Relationship to Applicant		Age of Applicant Listed in Section A
Street Address		City	State	Zip Code

**B CERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OR CERTIFIED IN PA OR A CONTIGUOUS STATE (NEW YORK, NEW JERSEY, DELAWARE, MARYLAND, WEST VIRGINIA OR OHIO). THIS SECTION MUST BE COMPLETED IN FULL. HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. WARNING: Altering or forging a document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document knowing it to have been altered, forged or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75 PA.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.**

I hereby certify that the person with disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements": \_\_\_\_\_ (NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with disability placard.)  
List Reason Code # Here

NOTE: If reason code #4 is listed above, please indicate the type of device used: \_\_\_\_\_

If a temporary placard is requested, list the expected duration of the disability. \_\_\_\_\_ months. [NOTE: Temporary placards can only be issued for a period not to exceed 6 months.]

Health Care Provider's Name		Health Care Provider's Signature		Medical License No.
Office Street Address	City	State	Zip Code	Telephone Number ( )

**C CERTIFICATION BY POLICE OFFICER - Police officer may only certify that the applicant does not have full use of a leg or both legs, or is blind. NOTE: If Section B above is completed, please skip this Section and go on to Section E.**

This 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 parking placard.  is blind, **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 Name		Officer's Signature		Badge Number
Office Street Address	City	State	Zip Code	Telephone Number ( )

**D CERTIFICATION FROM VETERANS ADMINISTRATION REGIONAL OFFICE ADMINISTRATOR OR HIS/HER DESIGNATED REPRESENTATIVE (Philadelphia or Pittsburgh) OR SERVICE UNIT IN WHICH THE VETERAN SERVED.**

This is to certify that the veteran listed above with VA number \_\_\_\_\_ has service connected disabilities rated at 100% or has the following service connected disability 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: \_\_\_\_\_  
List Reason Code # Here

Authorized Signature: _____	Title of Authorized Signer: _____
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**E NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.**

SUBSCRIBED AND SWORN TO BEFORE ME:	MONTH	DAY	YEAR
SIGNATURE OF PERSON ADMINISTERING OATH			

I state that I have read and signed this application after its completion, and I swear or affirm that the statements made herein are true and correct, and that any statement 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 punishment of a fine not exceeding \$5,000, or to a term or imprisonment of not more than two years, or both.

**SIGN IN PRESENCE OF NOTARY**

Applicant Signature _____	Date _____	Telephone Number _____
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Messenger No. \_\_\_\_\_

**THIS APPLICATION MAY BE DUPLICATED**

## INSTRUCTIONS

1. **Social Security # will be kept confidential by the Department.**
  2. Permanent Placard - Complete Sections A, B or C (NOT BOTH) and E.
  3. Severely Disabled Veteran Placard - Complete Sections A, D and E.
  4. Temporary Placard - Complete Sections A, B and E. **NOTE:** Only licensed health care providers\* may certify disabilities for temporary placards. **In addition, temporary placards 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.
  5. Renewal Request - Complete Sections A and E. **NOTE: Notarization is not required.**
  6. Replacement Request - Indicate if applying for a replacement placard or ID card. Please check reason for replacement, Lost, Stolen or Defaced. List your previous placard number and complete Sections A and E.
  7. Change of Address - Complete Sections A and E. **NOTE: Notarization is not required for Change of Address.**
  8. Change of Name - Complete Sections A and E. Check here to indicate reason for change of name:  Marriage  Divorce  Other \_\_\_\_\_
- \* **Health Care Provider is defined as a physician, chiropractor, 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	<u>"Reason Codes"</u>		
	Applicant: (1) is blind. (2) does not have full use of an arm or both arms. (3) cannot walk 200 feet without stopping to rest. (4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device. (5) 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. (6) uses portable oxygen. (7) 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 the American Heart Association. (8) is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition. (9) is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above.	(1) A passenger vehicle; (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.  <b>NOTE:</b> Organizations that operate a passenger vehicle to transport persons with disabilities must supply the Department with the following: a) a notarized statement of how the placard will be used and the type of services that will be provided. b) the weekly or monthly number of hours that the services are provided. 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. d) the number of placards required: (Organizations <b>may not</b> be issued more than <b>eight</b> placards in the organization's name.)	(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.
<b>Definition of Person in Loco Parentis - ANY ADULT charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents.</b>			

Severely Disabled Veteran Placard	(1) 100% service-connected disability certified by U.S. Veteran's Administration; or the service unit of the armed forces in which the veteran served.  (2) same disabilities as listed above for Person with Disability Placard but must be service-connected.	Same as 1 and 2 above for Person with Disability Placard.	Same as above for Person with Disability Placard.
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### 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 or severely disabled veteran.
- Any vehicle lawfully displaying a placard will qualify for parking in areas designated for use by persons with disability only.
- The placard will not allow vehicles to park where parking is prohibited.

Send completed application to: PA Department of Transportation  
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