MV-145A (7-12)

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

	ECK	(e rev	erse side	for instructior	ns and	d eligil	bility req	uirem	ents		
	ORI	IGINAL REQUEST - Permanent Placard Sev	erely [Disabled Veter	an 🔲 Temporary	/ Placar	rd					
	REN	NEWAL REQUEST - (For Permanent Placards Only)										
	REP	REPLACEMENT REQUEST -										
	СНА	ANGE OF ADDRESS/NAME										
A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY												
	Last I	Name (or Full Business Name) First Name		M	ddle Name		_/Photo II	O# or			Date of Birth	
						Bus. II	D#					
	Stree	et Address		City					State	Zip Code	•	
	NOTE: If you are the parent or adult charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a mino (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below.									of a minor child		
	Name of Parent or Person in Loco Parentis			oo paronao),	Relationship to Applicant Age of Applicant Listed					nt Listed		
										Section A		
	Stree	et Address		City	•			ĺ	State	Zip Code)	
В		TIFICATION FROM A HEALTH CARE PROVIDER AWARE, MARYLAND, WEST VIRGINIA OR OHIO).										
	CER	TIFY DISABILITIES WITHIN THEIR SCOPE OF PR	ACTI	CE. WARNI	NG: Altering or	forain	a a doc	ument is:	sued by	v the Der	partment, such as a	
	disab	bled person parking placard, or possessing, using	g or d	isplaying, s	uch a documen	t know	ving it to	o have be	en alte	red, forge	ed or counterfeited,	
		misdemeanor of the first degree pursuant to the	Vehic	le Code, 75	PA.C.S. Section	n 7122	2, punis	hable by	a fine	of not mo	ore than \$10,000 or	
	<u> </u>	isonment of not more than five years, or both.										
	I her	reby certify that the person with the disability listed ication under "Fligibility Requirements":	l abov	e is under i (NOTF: C	ny care and has	s the t	tollowing sted on	g condition the revers	l listed	on the re	everse side of this plication gualify an	
	appii	ication under "Eligibility Requirements": List Reason Cod	e # Here	_ (NOTE . 6	pplicant for a pe	rson w	vith disa	bility place	ard.)	or triio ap	phoduori quality arr	
	NOT	TE: If reason code #4 is listed above, please indicate	the t	ype of device	used:							
		temporary placard is requested, list the expected du	ration	of the disab	ility:		months	. [NOTE:	Tempo	rary plac	ards can only be	
		ed for a period not to exceed 6 months.]										
	Healt	th Care Provider's Name		Health Care	Health Care Provider's Signature					Medica	I License No.	
	Office	e Street Address	Cit			- 1	State	Zip Code		Tolonh	one Number	
	Onice	e Street Address		у		'	State	Zip Code		, relepii)	
С	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)	
- 1	NOTE: If Section B above is completed, please skip this Section and go on to Section E.										oth legs, or is blind.	
							es not h	l nave full u	se of a	leg or bo	oth legs, or is blind.	
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INSTRUCTIONS

- 1. Permanent Placard Complete Sections A, B or 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 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 not received within 90 days, please check the "Never Received" box or if product 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.
- 7. 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** "Reason Codes" Person with (1) A passenger vehicle or truck with a (1) Parking permitted in Applicant: Disability registered gross weight of not more than spaces designated for (1) is blind. Placard 10,000 lbs. disabled persons and for (2) does not have full use of an arm or both arms. 60 minutes in excess of (2) The placard is required to be displayed legal parking period (3) cannot walk 200 feet without stopping to rest. when the vehicle is parked in areas except where local designated for use by persons with (4) cannot walk without the use of, or assistance ordinances or police disability only and must not be displayed from, a brace, cane, crutch, another person, regulations provide for when the vehicle is being operated on prosthetic device, wheelchair or other assistive the accommodation of the highway. device. heavy traffic during NOTE: Organizations that operate a (5) is restricted by lung disease to such an extent morning, afternoon or passenger vehicle to transport persons with that the person's forced (respiratory) expiratory evening hours. disabilities must supply the Department with volume for one second, when measured by (2) Upon request of a the following: spirometry, is less than one liter or the arterial person with disability, oxygen tension is less than 60 MM/HG on room a) a notarized statement of how the local authorities may air at rest. placard will be used and the type of erect on the highway as services that will be provided. (6) uses portable oxygen. close as possible to the person's residence a b) the weekly or monthly number of (7) has a cardiac condition to the extent that the sign(s) indicating that the hours that the services are provided. person's functional limitations are classified in place is reserved for the severity as Class III or Class IV according to the c) the make of the vehicle(s), including person with disability, standards set by the American Heart the title number, vehicle identification that no one else may Association. number and registration plate park there unless a number. The vehicle(s) must be titled (8) is severely limited in his or her ability to walk due person with disability in the name of the organization and to an arthritic, neurological or orthopedic plate or placard is must be a passenger vehicle. displayed and that any d) the number of placards required: unauthorized person (9) is a person in loco parentis of a person specified (Organizations may not be issued parking there will be in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) more than eight placards in the above. subject to a fine. organization's name.) 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

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.

Severely Disabled Veteran Placard

- 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 serviceconnected.

Same as 1 and 2 above for Person with Disability Placard.

Same as above for Person with Disability Placard.

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 a disability only.
- . The placard will not allow vehicles to park where parking is prohibited.

Send completed application to: PA Department of Transportation

Bureau of Motor Vehicles

P.O. Box 68268

Harrisburg, PA 17106-8268

Visit us at www.dmv.state.pa.us or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380