

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

FOR DEPARTMENT USE ONLY

Bureau of Motor Vehicles • P.O. Box 68268 • Harrisburg, PA 17106-8268

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RE	RIGINAL REQUEST - Permanent Placard ENEWAL REQUEST - (For Permanent Placards Only)	Severely	Disable	d Veteran	י 🔲	Temporary F	Placaro	d					
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	REPLACEMENT REQUEST - PLACARD Defaced Defaced Lost Stolen Never Received PREVIOUS PLACARD #												
	HANGE OF NAME - Complete Sections A and E. Check	here to in	dicate	reason fo	or cha	nge of name	e:	Marriage	Divor	ce 🗍	Other:		
_	PERSON WITH DISABILITY INFORMATION - LIS						_					out-of-state address	
	ou must also complete and attach Form MV-8.	INAME	AND A	ADDILL	JO 01	LICON	*****	I DIOAD	12111 - 14	O1L. II	iistirig ari	out-or-state address,	
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	treet Address			l 0:4.			or Bu	ıs. ID#		04-4-	7:- 01		
l°	treet Address		City			Sta			State	ate Zip Code			
E	mail Address												
NO loc	OTE: If you are the parent or adult charged by law with the natural properties, you must complete the information below. In addition, whalf of the child, adult child or spouse (applicant) provided the applicant)	parent's rigl , a parent, i	nts, dutie	s and respo	onsibilit e or fos	ies acting on be ter parent who	ehalf of	a minor ch	ild (under 18 or control of) in place of the child of	of the child's or adult child	natural parents (person in for a spouse may sign on	
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s	treet Address			City					State Zip Code		e		
	ERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OF HIO). THIS SECTION MUST BE COMPLETED IN FULL. HEALTH OF												
	ocument issued by the Department, such as a disabled person p	arking plac	ard, or p	possessing	g, using	or displaying	such a	a documen	t knowing it	to have b	en altered,	forged or counterfeited,	
IS	a misdemeanor of the first degree pursuant to the Vehicle Code	e, 75 Pa.C.S	. Section	n /122, pur	nisnabi	e by a fine of n	not mor	re than \$10	,000 or impr	isonment			
	hereby certify that the person with the disability listed above is pplication under "Eligibility Requirements":	s under my	care ar	nd has the	follow	ing condition li	listed or	n the reve	rse side of t	his R		CORRECTED	
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N	IOTE: If reason code #1 is listed above, please indicate the in				mpletin	g the chart to	the rig	ht:			B 20/		
	If reason code #4 is listed above, please indicate the tyle emporary placards are only issued for a period of time not to ε				licent	roquiros additi	ional tin	ma aftar th	o ovniration	- R	20/		
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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 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.
- 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.
- 7. Change of Name Complete Sections A and E. Check the block on the front of this application to indicate reason for change of name.
- * Health Care Provider is defined as a physician, chiropractor, optometrist, podiatrist, physician 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.

"Reason Codes" 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	 (1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs. (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. NOTE: 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 	 (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.
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 their ability to walk due to an arthritic, neurological or orthopedic condition. 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 minor child (under 18) in place of the child's natural parents (person in loco-parentis), complete the appropriate information on the front side of this application. In addition, a parent, including an adoptive or foster parent who has custody, care, or control of the child or adult child or a spouse, may sign on behalf of the child, adult child, or spouse (applicant) provided the person with disability meets eligibility requirements (1) through (8).	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 may not be issued more than eight placards in the organization's name.)	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 wil be subject to a fine.
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, Single Notification Letter, or Summary of Benefits Letter.	Same as 1 and 2 above for Person with Disability Placard.	Same as above for Person with Disability Placard.
,	In addition, a parent, including an adoptive or foster parent who has custody, care, or control of the child or adult child or a spouse, may sign on behalf of the child, adult child, or spouse (applicant) provided the person with disability meets eligibility requirements (1) through (8). 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, Single Notification Letter, or Summary of Benefits Letter. Same disabilities as listed above for Person with	In addition, a parent, including an adoptive or foster parent who has custody, care, or control of the child or adult child or a spouse, may sign on behalf of the child, adult child, or spouse (applicant) provided the person with disability meets eligibility requirements (1) through (8). 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, Single Notification Letter, or Summary of Benefits Letter.

Use of Person with Disability and Severely Disabled Veteran Placards:

- . Parking in a designated persons with disability parking space is only permitted with this parking placard when the vehicle is being used for the transportation of the person for which the parking placard was issued.
- . Any vehicle lawfully displaying a parking placard will qualify for parking in areas designated only for use by persons with a disability. **NOTE:** This parking placard can not be used to park where parking is prohibited.

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