



APPLICATION FOR PERSON WITH A DISABILITY OR HEARING IMPAIRED REGISTRATION PLATE OR A PERSON WITH A DISABILITY MOTORCYCLE PLATE

For Department Use Only
Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

CHECK (✓) TYPE OF REGISTRATION PLATE REQUESTED - See reverse side for instructions and eligibility requirements.

- Person with a Disability (K9) - Complete Sections A, B, C or D (**NOT BOTH**), E (if applicable), and F. **FEE: \$11**
- Person with a Disability Motorcycle (BK) - Complete Sections A, B, C or D (**NOT BOTH**), E (if applicable), and F. **FEE: \$11**
- Hearing Impaired (S4) - Complete Sections A, B, C, E (if applicable), and F. **FEE: \$11 (NOTE: No Special Parking Privileges)**

Two Plates (with identical plate numbers) for vehicles equipped with a Wheelchair/Personal Assistive Device Carrier. (See reverse for instructions)

- For two Person with a Disability Plates (IV) - Complete Sections A, B, C or D (**NOT BOTH**), E (if applicable), and F. **FEE: \$11**

A Vehicle Information - NOTE: In conjunction with replacement of your registration plate, you will receive one registration card. If additional registration cards are desired, the fee is \$2 for each registration card. **Number of duplicate registration cards requested @ \$2 each:** _____.

Title Number	Vehicle Identification Number	Registration Plate Number
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B Person with Disability Information - List all information as shown on current registration card.

Vehicle Owner Name (or Full Business Name)	PA DL/Photo ID# or Bus. ID#	Date of Birth	Complete the information to the left if you qualify as a person in loco parentis, parent (including adoptive parent or foster parent), or a spouse of a person who qualifies for a Person with Disability registration plate as specified in reason code 1 through 8 on the reverse side of this form.		
Co-Owner Name	PA DL/Photo ID#	Date of Birth	Name of Person with Disability		Relationship to Person with Disability
Street Address	City	State	Zip Code	Street Address	City
				State	Zip Code

C 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. WARNING:** Altering or forging a document issued by the Department, such as a Person with Disability registration plate, 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.

This is to certify that _____ (**Name of Person with Disability**) is under my care and has a hearing impairment, or has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ (**List Reason Code #1-8.**)

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

NOTE: Only those conditions listed on the reverse side of this application (1-8) qualify an applicant for a Person with a Disability registration plate.

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

D Certification by Police Officer - A police officer may only certify that the person with disability does not have full use of a leg or both legs, or is blind. NOTE: If Section C above is completed, please skip this Section.

This is to certify that the person listed above with a disability has the condition checked below and is entitled to the use and privileges of the registration plate requested, is blind, **OR** does not have full use of a leg or both legs as evident by the use of a:

wheelchair walker crutches cane/quad cane other prescribed device: _____ (state device)

Officer's Printed Name	Officer's Signature	Badge Number
Department/Station	City	State
	Zip Code	Telephone Number ()

E OPTIONAL PERSONALIZATION REQUEST - NOTE: Additional fee required. For appropriate fees see reverse side.

The number of allotted letters or numbers in combination varies depending on the selected registration plate type. **Pre-printed letter configurations or designated letter(s) appear on personalized registration plates based on the type of registration plate requested.** Please see the reverse side of this application for additional information. No other special characters are available. Please use capital letters and print clearly.

NOTE: When requesting a numeric character of zero, please show as "Ø" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "/."

FIRST CHOICE SECOND CHOICE THIRD CHOICE

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F UNSWORN DECLARATION AND PERSON WITH DISABILITY SIGNATURE - Person with disability, natural parent or other authorized person listed in Section B must sign below.

<p>I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.</p> <p>Signed on the _____ day of _____,</p> <p>at _____, _____ (county or other location, and state), _____ (country).</p> <p>_____ Printed Name</p> <p>_____ Signature</p>	<p>I/We hereby state that application was made for the above product. I/We state that I/we have read and signed this application after its completion, and I/we 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 of imprisonment of not more than two years, or both.</p> <p style="text-align: right;">()</p> <p>_____ Person with Disability/Loco Parentis Signature Date Telephone Number</p> <p style="text-align: right;">()</p> <p>_____ Co-Applicant Signature Date Telephone Number</p>
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Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with a Disability Registration Plate	<p style="text-align: center;"><u>“Reason Codes”</u></p> <p>Person with Disability:</p> <ol style="list-style-type: none"> (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 their ability to walk due to an arthritic, neurological or orthopedic condition. <p>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.</p> <p>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 apply on behalf of the child, adult child or spouse (applicant), provided the person with disability meets eligibility requirements (1) through (8).</p>	<p>(1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs. The vehicle must be used by a person with disability or operated exclusively for the use and benefit of the person with a disability.</p> <p>NOTE: Organizations that operate a passenger vehicle to transport persons with disabilities must supply PennDOT with the following:</p> <ol style="list-style-type: none"> a) A notarized statement of how the vehicle 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. <p>NOTE: The vehicle(s) must be titled in the name of the organization.</p>	<p>(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.</p> <p>(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.</p>
Hearing Impaired Registration Plate	Any person with a hearing impairment verified by a licensed health care provider.	No restrictions.	No special benefits.
Person with a Disability Motorcycle Registration Plate	Same disabilities as listed for Person with a Disability registration plate.	Motorcycle Only.	Same as above for Person with a Disability registration plate.

- A Health Care Provider is defined as a physician, chiropractor, optometrist, podiatrist, physician assistant, or a certified registered nurse practitioner. A Health Care Provider may only certify disabilities within their scope of practice.
- This application may only be used by a vehicle owner or co-owner who qualifies for the type of registration plate indicated on the front of this application unless the vehicle owner is a person in loco parentis, parent of an adult child, or a spouse of a qualified person. **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.).
- Only one registration plate issued per qualified person for one vehicle.
- Should you desire to renew your registration in conjunction with this application, you must complete Form MV-140, "Request for Registration," or your registration renewal application and return it with this application along with your registration fee and the \$11 replacement registration plate fee (if applicable).
- You may be eligible to renew your vehicle for either a one-year or two-year registration period. Both registration periods and the required fees are provided on the registration renewal form or Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees."
- ACT 89, signed into law November 25, 2013, provided for the elimination of vehicle registration stickers. PennDOT has not issued registration stickers since December 31, 2016. Customers are still required to maintain a valid and current registration and must present the registration card to law enforcement when asked. The valid registration card is also still required when having a safety inspection completed.
- Two registration plates (with identical registration plate numbers) may be issued for vehicles equipped with a wheelchair/personal assistive device carrier on the rear of the vehicle. One registration plate must be affixed to the rear of the vehicle and one registration plate must be affixed to the rear of the carrier attached to the vehicle for which the registration plates are issued.
- Please note, registrants must remember to remove their Person with a Disability registration plate prior to selling their vehicle.
- Send completed application to: Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516.

Use of Person with a Disability Registration Plate:

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

IF PERSONALIZING YOUR REGISTRATION PLATE

- Personalized registration plates may contain:



For **Person with a Disability** registration plates, up to **FIVE** letters or numbers in combination. If a hyphen or space is used as part of the registration configuration, it counts as one of the available spaces for personalization. Only one hyphen or space is permitted, but not both. No additional special characters are available. Please use capital letters and print clearly. When requesting a numeric character of zero, please show as "Ø" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "/".



For two **Person with a Disability wheelchair/personal assistive device carrier** registration plates, up to **FIVE** letters or numbers in combination. If a hyphen or space is used as part of the registration configuration, it counts as one of the available spaces for personalization. Only one hyphen or space is permitted, but not both. No additional special characters are available. Please use capital letters and print clearly. When requesting a numeric character of zero, please show as "Ø" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "/".



For **Person with a Disability Motorcycle** registration plates, up to **FOUR** letters or numbers in combination. If a space is used as part of the registration configuration, it counts as one of the available spaces for personalization. Only one space is permitted. No hyphen or additional special characters are available. Please use capital letters and print clearly. When requesting a numeric character of zero, please show as "Ø" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "/." **NOTE:** A pre-printed letter configuration of "**PD**" placed above the person with disabilities symbol will precede your personalized configuration on your registration plate and cannot be changed.



For **Hearing Impaired** registration plates, up to **FIVE** letters or numbers in combination. If a hyphen or space is used as part of the registration configuration, it counts as one of the available spaces for personalization. Only one hyphen or space is permitted, but not both. No additional special characters are available. Please use capital letters and print clearly. When requesting a numeric character of zero, please show as "Ø" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "/." **NOTE:** A pre-printed letter configuration of "**HE**" will precede your personalized configuration on your registration plate and cannot be changed.

- PennDOT reserves the right to limit or reject requests.
- The fee to personalize your Person with a Disability registration plates is an additional \$56. The fee to personalize your Hearing Impaired registration plate is \$112. The registration on your vehicle must be current in order for PennDOT to process your request. **The additional fee covers the cost of your personalized registration plate order only and will not renew your vehicle's registration.** If your registration has expired or expires in the next three months, please include your completed renewal application, Form MV-105, "Pennsylvania Registration Renewal Application," or Form MV-140, "Request for Registration," and a separate check or money order in the amount of your registration renewal fee. Payment is to be made by check or money order payable to the Commonwealth of Pennsylvania. **PLEASE DO NOT SEND CASH.**
- To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, www.dmv.pa.gov, and select Plate Availability from the list of services under the Online Services heading. Personalized registration plates will not be reserved until PennDOT receives payment and a completed application, and approves your requested registration plate configuration [number(s) and/or letter(s)]. Please note that registration plate requests are processed on a first-come, first-served basis. Although a requested registration plate configuration may show as being available on the website, it is possible that a request for the same registration plate configuration may have already been submitted by another customer and may not be available when making application.
- Personalized registration plates will be manufactured on the basis of this application. **NO REFUND** of the fee will be issued if an applicant cancels a request after the order is placed with the manufacturer.
- Allow 8 to 10 weeks for delivery.

Visit us at www.dmv.pa.gov or call us at 717-412-5300. TTY callers — please dial 711 to reach us.