

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 R	REGISTRATION PI	LATE REQUESTED	- See reverse side	for instruc	tions and elic	ribility re	quirements	
	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								
Ē	Person with a Disability Motorcycle (BK) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. Fee: \$11								
Ē	Hearing Impaired (S4) - Complete Sect							ges)	
T.,,	- o Plates (with identical plate numbers)	for vohicles on	inned with a Wh	olchair/Porconal	Assistive	Dovice Ca	rrior (S	oo roverse for ins	tructions)
_	For two Person with a Disability Plates								ii uciioiis)
_	<u> </u>					<u> </u>			
Α	Vehicle Information - NOTE: In conjunc								stration
	cards are desired, the fee is \$2 for each r			ate registration c				•	
	Title Number	Vehicle Identification	Number		Re	gistration Plate	Number		
В	Person with Disability Information - Li	st all information :	as shown on curre	nt registration card	1				
ᅴ	Vehicle Owner Name (or Full Business Name)	PA DL/Photo ID#	Date of Birth			ft if you qualify	as a ners	on in loco parentis pare	nt (including
	venicle Owner Name (or Full Business Name)	Date of Birtin	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						
			Date of Birth			son code 1 throu		ne reverse side of this for	
	Co-Owner Name	o-Owner Name PA DL/Photo ID#		Name of Person with Disability Relationship to Person with Disability					sability
	Street Address City	Ç	State Zip Code	Street Address		Cit	y	State Z	ip Code
\dashv	Certification From a Health Care Provide	lar Licanaed or C	Cartified in DA or o	Continuous State	Mou Vor	k Now Jorge	ny Dolor	ware Mandand Wa	ot Virginia
	or Ohio). THIS SECTION MUST BE COM								
С	Disability registration plate, or possessing,	using or displayir	ng such a documer	it knowing it to have	e been alte	ered, forged	or count	terfeited, is a misde	meanor of
	the first degree pursuant to the Vehicle Covears, or both.	ode, 75 Pa.C.S. S	ection 7122, punisl	nable by a fine of n	ot more th	an \$10,000	or impris	sonment of not more	e than five
\dashv	years, or bour.								
	This is to certify that		(Name of I	Person with Disab	ility) is ur	nder my care	and ha	as a hearing impairr	ment, or
	has the following condition listed on the	reverse side of the	nis application und	er "Eligibility Requi	irements":		(Lis	st Reason Code #1	1-8.)
	NOTE: If reason code #4 is listed above	e, please indicate	the type of device	used:					
					licant for a	a Person wit	h a Disa	ability registration p	late.
	NOTE: Only those conditions listed on the reverse side of this application (1-8) qualify an applicant for a Person with a Disability registration								
ŀ	Health Care Provider's Printed Name		ealth Care Provider's Printed Name Health Care Provider's Signature Medical License No.						
	Health Care Provider's Printed Name		Health Care Provide	er's Signature				Medical License No.	
				r's Signature	State	Zin Code			
	Health Care Provider's Printed Name Office Street Address		Health Care Provide	r's Signature	State	Zip Code		Medical License No. Telephone Number	
_	Office Street Address	ce officer may o	City				full us	Telephone Number	leas. or
D			City nly certify that th	e person with dis			e full us	Telephone Number	legs, or
D	Office Street Address Certification by Police Officer - A police	completed, plea	City nly certify that th se skip this Sect	e person with dis ion.	ability do	es not have		Telephone Number () e of a leg or both	
D	Office Street Address Certification by Police Officer - A police blind. NOTE: If Section C above is	completed, plea ove with a disabil	City nly certify that these skip this Sectity has the condition	e person with dision.	ability do	es not have		Telephone Number () e of a leg or both	
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does	completed, plea ove with a disabil not have full use	nly certify that these skip this Sectity has the condition of a leg or both leg	e person with dision. In checked below a graph as evident by the	ability do	es not have	se and p	Telephone Number () e of a leg or both	
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab	completed, plea ove with a disabil	nly certify that these skip this Sectity has the condition of a leg or both leg	e person with dision.	ability do	es not have tled to the us	se and p	Telephone Number () e of a leg or both	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does	completed, plea ove with a disabil not have full use	nly certify that these skip this Sectity has the condition of a leg or both leg	e person with dision. on checked below a se evident by the quad cane	ability do	es not have tled to the us	se and p	Telephone Number () e of a leg or both privileges of the reg	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does in the person wheelchair walker	completed, plea ove with a disabil not have full use	city nly certify that the use skip this Sectify has the condition of a leg or both leg cane/	e person with dision. on checked below a se evident by the quad cane	ability do	es not have tled to the us	se and p	Telephone Number () e of a leg or both privileges of the reg	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does in the person wheelchair walker	completed, plea ove with a disabil not have full use	city nly certify that the use skip this Sectify has the condition of a leg or both leg cane/	e person with dision. on checked below a se evident by the quad cane	ability do	es not have tled to the us	se and p	Telephone Number () e of a leg or both privileges of the reg	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does in the weaker was a walker. Officer's Printed Name	completed, plea ove with a disabil not have full use	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/	e person with dision. on checked below a se evident by the quad cane	ability do and is entire use of a other	es not have tled to the us : prescribed d	se and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does in the weaker was a walker. Officer's Printed Name	completed, plea ove with a disabil not have full use of crutches	City nly certify that these skip this Sectity has the condition of a leg or both leg ane/ Officer's Signal	e person with dision. In checked below a sas evident by the quad cane	ability do and is entife use of a other	es not have tled to the us : prescribed d	se and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does where we will be with the person listed ab plate requested, walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUESTION TRANSPORTED THE Number of allotted letters or numbers in contractions.	completed, plea ove with a disabil not have full use of the crutches crutches EST - NOTE: Adombination varies de	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require epending on the selection	e person with dision. on checked below a gs as evident by the quad cane ture	ability do and is entife use of a other State fees see	es not have tled to the us : prescribed d Zip Code reverse side	se and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number ()	istration
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUESTION TRANSPORT The number of allotted letters or numbers in company appear on personalized registration plates.	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Addressed on the type	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signa City ditional fee require epending on the selector registration plate	e person with dision. on checked below a gs as evident by the quad cane ture	ability do and is entire e use of a other State fees see type. Pre-see the reverse	es not have tled to the us : prescribed d Zip Code reverse side printed letter erse side of the	ee and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number ()	d letter(s)
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUESTION TRANSPORT The number of allotted letters or numbers in compear on personalized registration plates in the compean of the present in the compean of the personalized registration plates in the compean of the personalized registration plates. No other special characters are available. Please	completed, plea ove with a disabil not have full use of the crutches Crutches EST - NOTE: Add combination varies debased on the type lise use capital letter	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require epending on the selector registration platers and print clearly.	e person with dision. on checked below a gs as evident by the quad cane ture	ability do and is entire e use of a other State fees see type. Pre-see the reverse	es not have tled to the us : prescribed d Zip Code reverse side	ee and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number ()	d letter(s)
D	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQU The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleating the plate instead of the alpha character "O." Since this is	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Add combination varies debased on the type use use capital letter of zero, please shows an electronically fi	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signation of the selection of the condition of the selection of the selec	e person with dision. In checked below a part of the properties o	ability do and is entire e use of a other State fees see type. Pre-see the reverse	es not have tled to the us : prescribed d Zip Code reverse side printed letter erse side of the	ee and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number ()	d letter(s)
D	Office Street Address Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates in other special characters are available. Please NOTE: When requesting a numeric character of the special character of the special character of the special characters are available.	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Add combination varies debased on the type use use capital letter of zero, please shows an electronically fi	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signation of the selection of the condition of the selection of the selec	e person with dision. In checked below a part of the properties o	ability do and is entire e use of a other State fees see type. Pre-see the reverse	es not have tled to the us : prescribed d Zip Code reverse side printed letter erse side of the	ee and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number ()	d letter(s)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQU The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleating the plate instead of the alpha character "O." Since this is	completed, plea ove with a disabil not have full use of crutches EST - NOTE: Add ombination varies de based on the type use use capital letter of zero, please shows an electronically find is marked with a "//"	City nly certify that these skip this Sectity has the condition of a leg or both leg cane/ Officer's Signate of City ditional fee require expending on the selection of registration platers and print clearly. I as "Ø" liable form, /."	e person with dision. In checked below a graph as evident by the quad cane ture d. For appropriate atted registration plate a requested. Please series at the control of t	ability do and is entire e use of a other State fees see type. Pre- see the reverse	es not have tled to the use: prescribed de Zip Code reverse side printed letter erse side of the	ee and p	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number () rations or designated ation for additional info	d letter(s) promation. ICE
D E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQU The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleating the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON	completed, plea ove with a disabil not have full use of the complete of the co	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ City Officer's Signate of registration plates and print clearly. I as "Ø" liable form, /." Y SIGNATURE - Pen	e person with dision. In checked below a second se	ability do and is entite e use of a other State fees see e type. Pre- see the reve SE	es not have tled to the us : prescribed d Zip Code reverse side printed letter erse side of the COND CHOIC	ee and person l	Telephone Number () e of a leg or both privileges of the reg (state device) Badge Number Telephone Number () rations or designated ation for additional info	d letter(s) prmation. ICE
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQU The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Please NOTE: When requesting a numeric character instead of the alpha character "O." Since this is after printing the form, please be sure any zero	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Additional and the combination varies debased on the type ase use capital letter of zero, please shows an electronically find is marked with a "/ N WITH DISABILITY the law of the Continuation of the Continuation completes the continuation of th	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ City Officer's Signate of registration plates and print clearly. I as "Ø" liable form, /." Y SIGNATURE - Pen	e person with dision. In checked below a graph of the person with disability, nature the read and signed this control of the person with disability, nature the read and signed this control of the person with disability, nature the read and signed this control of the person with disability of the person wi	ability do and is entire e use of a other State fees see type. Pre- see the reve see the reve at application is application is application	es not have tled to the us : prescribed d Zip Code reverse side everse side of the ECOND CHOI- other authorize n was made for n after its com	ee and person later above upletion, a	Telephone Number () Telephone Number () Telephone State device (state device) Telephone Number () Telephone Number () Telephone Number () THIRD CHO Listed in Section B must be product. I/We state the and I/we swear or affir	d letter(s) promation. ICE sign below. at I/we have m that the
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleatinstead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON I declare under penalty of perjury under the Pennsylvania that the foregoing is true as	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Address ES	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require expending on the selector registration plate and print clearly. Is and print clearly. Is a "Ø" Illable form, " Y SIGNATURE - Personners and print of the condition of the	e person with dision. In checked below a second se	ability do and is entite use of a other State fees see to type. Pre-pase the reverse the reverse application is application is application is second in the property of the property of the present are TR.	es not have tled to the us : prescribed d Zip Code reverse side orinted letter erse side of the ECOND CHOI other authorize n was made for n after its com rulE and CORI ubject to the p	configure is applicated the above ipletion, a RECT, ar benalties	Telephone Number () Te of a leg or both Telephone Number (state device) Badge Number Telephone Number () Tations or designated attention for additional information of the state that and live swear or affirm that any statement rof 18 Pa.C.S. Section	d letter(s) ormation. ICE sign below. It I/we have m that the made on or 4903(a)(2)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in competency appear on personalized registration plates. No other special characters are available. Pleat NOTE: When requesting a numeric character instead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON I declare under penalty of perjury under the second support of the property of perjury under the second support of the property of perjury under the second support of the property of perjury under the second support of the property of perjury under the second support of the property of perjury under the second support of the property of perjury under the second support of the property of the pr	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Address ES	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require expending on the selector registration plate and print clearly. Is and print clearly. Is a "Ø" Illable form, " Y SIGNATURE - Personners and print of the condition of the	e person with dision. In checked below a sea evident by the quad cane d. For appropriate sted registration plate requested. Please sea expensive the reduction of the reductio	ability do and is entite e use of a other State fees see e type. Pre- see the reve see the reve at application is application is searing), whice	es not have tled to the us tled to the us treprescribed of Zip Code reverse side orinted letter erse side of the COND CHOI other authorize n was made for n after its com UE and CORI ubject to the p h shall include	configures application of the above appletion, a RECT, are penalties punishment.	Telephone Number () Telephone Number () Telephone State device (state device) Badge Number Telephone Number () Tations or designated ation for additional information of additional information of the state of the swear or affired that any statement of 18 Pa.C.S. Section ent of a fine not exceed	d letter(s) ormation. ICE sign below. It I/we have m that the made on or 4903(a)(2)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleatinstead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSONALIZATION AND PERSONALIZ	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Address ES	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require expending on the selector registration plate and print clearly. Is and print clearly. Is a "Ø" Illable form, " Y SIGNATURE - Personners and print of the condition of the	e person with dision. In checked below a second se	ability do and is entite e use of a other State fees see e type. Pre- see the reve see the reve at application is application is searing), whice	es not have tled to the us tled to the us treprescribed of Zip Code reverse side orinted letter erse side of the COND CHOI other authorize n was made for n after its com UE and CORI ubject to the p h shall include	configures application of the above appletion, a RECT, are penalties punishment.	Telephone Number () Telephone Number () Telephone State device (state device) Badge Number Telephone Number () Tations or designated ation for additional information of additional information of the state of the swear or affired that any statement of 18 Pa.C.S. Section ent of a fine not exceed	d letter(s) ormation. ICE sign below. It I/we have m that the made on or 4903(a)(2)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleatinstead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON I declare under penalty of perjury under the Pennsylvania that the foregoing is true as	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Address ES	City nly certify that the use skip this Sectify has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require expending on the selector registration plate and print clearly. Is and print clearly. Is a "Ø" Illable form, " Y SIGNATURE - Personners and print of the condition of the	e person with dision. In checked below a sea evident by the quad cane d. For appropriate sted registration plate requested. Please sea expensive the reduction of the reductio	ability do and is entite e use of a other State fees see e type. Pre- see the reve see the reve at application is application is searing), whice	es not have tled to the us tled to the us treprescribed of Zip Code reverse side orinted letter erse side of the COND CHOI other authorize n was made for n after its com UE and CORI ubject to the p h shall include	configures application of the above appletion, a RECT, are penalties punishment.	Telephone Number () Telephone Number () Telephone State device (state device) Badge Number Telephone Number () Tations or designated ation for additional information of additional information of the state of the swear or affired that any statement of 18 Pa.C.S. Section ent of a fine not exceed	d letter(s) ormation. ICE sign below. It I/we have m that the made on or 4903(a)(2)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Please Note: When requesting a numeric character instead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON I declare under penalty of perjury under the Pennsylvania that the foregoing is true at Signed on the day of	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Address ES	City nly certify that the se skip this Sectity has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require sepending on the selector registration platers and print clearly. I as "Ø" llable form, /." Y SIGNATURE - Permononwealth of	e person with dision. In checked below a sea evident by the quad cane d. For appropriate sted registration plate requested. Please sea expensive the reduction of the reductio	ability do and is entite e use of a other State fees see e type. Pre- see the reve see the reve at application is application is searing), whice	es not have tled to the us tled to the us treprescribed of Zip Code reverse side orinted letter erse side of the COND CHOI other authorize n was made for n after its com UE and CORI ubject to the p h shall include	configures application of the above appletion, a RECT, are penalties punishment.	Telephone Number () Telephone Number () Telephone State device (state device) Badge Number Telephone Number () Tations or designated ation for additional information of additional information of the state of the swear or affired that any statement of 18 Pa.C.S. Section ent of a fine not exceed	d letter(s) ormation. ICE sign below. It I/we have m that the made on or 4903(a)(2)
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQUE The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Please Note: When requesting a numeric character instead of the alpha character "O." Since this is after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSON I declare under penalty of perjury under the Pennsylvania that the foregoing is true at Signed on the day of	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Add combination varies debased on the type use use capital letter of zero, please shows an electronically find is marked with a "/ NWITH DISABILIT the law of the Condition of the	City nly certify that the se skip this Sectity has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require sepending on the selector registration platers and print clearly. I as "Ø" llable form, /." Y SIGNATURE - Permononwealth of	e person with dision. In checked below a sea evident by the quad cane d. For appropriate sted registration plate requested. Please sea expensive the reduction of the reductio	ability do and is entire e use of a other State fees see type. Pre-is see the reverse type. SE all parent or the plication is application is sarring), which somment of research the properties of the propertie	es not have tled to the us : prescribed d Zip Code reverse side orinted letter erse side of the ECOND CHOI- other authorize in was made for in after its com UE and CORI ubject to the p in shall include the not more than to	configures application of the above appletion, a RECT, are penalties punishment.	Telephone Number () Telephone Number () Telephone State device (state device) Badge Number Telephone Number () Tations or designated ation for additional information of additional information of the state of the swear or affired that any statement of 18 Pa.C.S. Section ent of a fine not exceed	d letter(s) promation. ICE sign below. at I/we have m that the made on or 4903(a)(2) ing \$5,000,
E	Certification by Police Officer - A policis blind. NOTE: If Section C above is This is to certify that the person listed ab plate requested, is blind, OR does is wheelchair walker Officer's Printed Name Department/Station OPTIONAL PERSONALIZATION REQU The number of allotted letters or numbers in compear on personalized registration plates No other special characters are available. Pleatins after printing the form, please be sure any zero UNSWORN DECLARATION AND PERSONALIZATION A	completed, plea ove with a disabil not have full use of the crutches EST - NOTE: Add combination varies debased on the type use use capital letter of zero, please shows an electronically find is marked with a "/ NWITH DISABILIT the law of the Condition of the	City nly certify that the se skip this Sectity has the condition of a leg or both leg cane/ Officer's Signal City ditional fee require sepending on the selector registration platers and print clearly. I as "Ø" llable form, /." Y SIGNATURE - Permononwealth of	e person with dision. In checked below a graph of the pursuant to this appurents and signed this statements made he pursuant to false swe or to a term of impris	ability do and is entire e use of a other State fees see type. Pre-is see the reverse type. SE all parent or the plication is application is sarring), which somment of research the properties of the propertie	es not have tled to the us : prescribed d Zip Code reverse side orinted letter erse side of the ECOND CHOI- other authorize in was made for in after its com UE and CORI ubject to the p in shall include the not more than to	configures application of the above pletion, are RECT, are considerable woo years,	Telephone Number (d letter(s) promation. ICE sign below. at I/we have m that the made on or 4903(a)(2) ing \$5,000,

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with a Disability Registration Plate	"Reason Codes" Person with Disability: (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. 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 apply on behalf of the child, adult child or spouse (applicant), provided the person with disability meets eligibility requirements (1) through (8).	(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. NOTE: Organizations that operate a passenger vehicle to transport persons with disabilities must supply PennDOT with the following: 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. NOTE: The vehicle(s) must be titled in the name of the organization.	(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.
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 proceed 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 "<u>HE</u>" 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.