

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. **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 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. **NOTE: Notarization is not required.**
 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. **NOTE: Notarization is not required.**
- * 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 <u>"Reason Codes"</u>	Qualifying Vehicles	Benefits
Person with Disability Placard	<p>Applicant:</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 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. (10) is the parent, including adoptive parent or foster parent, of a child or adult child provided that the person has custody, care or control of the child or adult child and the child or adult child satisfies paragraph (1), (2), (3), (4), (5), (6), (7) or (8). (11) is the spouse of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8). 	<ol style="list-style-type: none"> (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. <p>NOTE: Organizations that operate a passenger vehicle to transport persons with disabilities must supply the Department with the following:</p> <ol style="list-style-type: none"> 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 may not be issued more than eight placards in the organization's name.) 	<ol style="list-style-type: none"> (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.

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	<ol style="list-style-type: none"> (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 or Awards Letter. (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 a disability only.
- The placard will not allow vehicles to park where parking is prohibited.

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

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



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

CHECK (✓) APPROPRIATE BLOCKS BELOW

- ORIGINAL REQUEST - Permanent Placard, Severely Disabled Veteran, Temporary Placard
RENEWAL REQUEST - (For Permanent Placards Only)
REPLACEMENT REQUEST - PLACARD, ID CARD, Defaced, Lost, Stolen, Never Received, PREVIOUS PLACARD #
CHANGE OF ADDRESS - Complete Sections A and E. NOTE: Notarization is not required.
CHANGE OF NAME - Complete Sections A and E. Check here to indicate reason for change of name: Marriage, Divorce, Other:

A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY - NOTE: If listing an out-of-state address, you must also complete and attach Form MV-8.

Form section A containing fields for Last Name, First Name, Middle Name, PA DL/Photo ID#, Date of Birth, Street Address, City, State, Zip Code, Email Address, Name of Parent, Person in Loco Parentis or Spouse, Relationship to Applicant, and their address.

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.

Form section B containing certification text, a table for listing reason codes (UNCORRECTED and CORRECTED), and fields for Health Care Provider's Name, Signature, Medical License No., Office Street Address, City, State, and Zip Code.

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.

Form section C containing certification text, checkboxes for blindness or leg use, and fields for Officer's Name, Signature, Badge Number, Office Street Address, City, State, Zip Code, and Telephone Number.

D CERTIFICATION FROM U.S. DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE ADMINISTRATOR (PHILADELPHIA OR PITTSBURGH) OR SERVICE UNIT IN WHICH THE VETERAN SERVED OR A LEGIBLE PHOTOCOPY OF THE APPLICANT'S LETTER OF PROMULGATION OR AWARDS LETTER.

Form section D containing certification text, fields for Authorized Printed Name and Title, Authorized Signature, and a checkbox for Letter of Promulgation or Awards Letter.

E NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.

Form section E containing fields for Subscribed and Sworn to Before Me (Month, Day, Year), Signature of Person Administering Oath, and Applicant Signature/Date/Telephone Number.

STAMP: SIGN IN PRESENCE OF NOTARY

THIS APPLICATION MAY BE DUPLICATED