## MV-145A (07-02)

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

CH	CHECK ( ✓ ) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements										
	0	ORIGINAL REQUEST - Person with Disability Severely Disabled Veteran Temporary Placard									
	R	REPLACEMENT/RENEWAL REQUEST (NOTE: Temporary Placards may not be extended for an additional period of time.)									
	CH	CHANGE OF ADDRESS/NAME									
Α	AP	APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY									
<u> </u>	Las	st Name First		Mido	lle Initial	Social Secur	ity #	***************************************		Date of Birth	
	Ct	Ober de Address		Lau			****	~~~	<del></del>		
	Street Address			City				State	Zip Cod	e	
	N (u	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), you must complete the information below.									
		Name of Parent or Person in Loco Parentis		Relationship		o to Applicant		Age	Age of Applicant Listed in Section A		
	Stre	et Address		City				State	Zip Cod	е	
В	CERTIFICATION FROM A PHYSICIAN LICENSED IN PA OR A CONTIGUOUS STATE (NEW YORK, NEW JOELAWARE, MARYLAND, WEST VIRGINIA OR OHIO). THIS SECTION MUST BE COMPLETED IN FULL. WARNING: Altering or f document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document issued by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.  I hereby certify that the person with disability listed above is under my care and has the following condition listed on the reverse side of this application qualify an application application qualify an application with disability placard.)  NOTE: If reason code #4 is listed above, please indicate the type of device used:  If a temporary placard is requested, list the expected duration of the disability.  months. [NOTE: Temporary placards can dissented for a period not to exceed 6 months.]									Itering or forging a , such a document , 75 PA.C.S. Section	
										cards can only be	
	Phy	sician's Name	Ph	Physician's Signature			V			al License No.	
	Offi	ce Street Address	City			State	Zip Code		Teleph	one Number	
С	CI bl	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.									
	This is to certify that the person with disability listed above has the condition listed and is entitled to the use and privileges of the person with parking placard.   I is blind, OR does not have full use of a leg or both legs as evidenced by the use of a wheelchair walker crutches cane/quad cane other prescribed device										
	Off	fficer's Name		ficer's Signatu	re .					Badge Number	
		ce Street Address	City		-	State	Zip Code		(	none Number	
D	<u>(P</u>	ERTIFICATION FROM VETERANS ADMINISTRATION hiladelphia or Pittsburgh) OR SERVICE UNIT IN WHI	CH TH	ONAL OFFICE E VETERAN	E ADMINIS SERVED.	TRATOR O	R HIS/HER	DESIG	NATED	REPRESENTATIVE	
This is to certify that the veteran listed above with VA number has service connected disabilities rate following service connected disability listed on the reverse side of this application under "Eligibility Requirements": reason code #4 is listed, please indicate the type of device used: List Reason Code										NOTE: If	
	Au	thorized Signature:	Title of Authorized Signer:								
Е	N	OTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.									
	S	SUBSCRIBED AND SWORN TO BEFORE ME: MO. DAY YEAR  SIGNATURE OF PERSON ADMINISTERING OATH	l state state appli whic	I state that I have read and signed this application after its completion, and I 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 or imprisonment of not more than two years, or both.							
		DO NOT NOTARIZE UNLESS	Δ.	plicant Signature	******			to.	_ (	)	
	A	SIGNED IN PRESENCE OF		Applicant Signature Date Telephon  Viessenger No.				Telephone Number			
	L	NOTARY	,,,,,		•						
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### INSTRUCTIONS

- 1. Social Security # will be kept confidential by the Department.
- 2. Person with Disability Placard Complete Sections A, B or C (NOT BOTH) and E.
- 3. Severely Disabled Veteran Placard Complete Sections A, D and E.
- 4. Temporary Placard Complete Sections A, B and E. NOTE: Only licensed physicians may certify disabilities for temporary placards. In addition, 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 physician.
- 5. Change of Address Complete Sections A and E. NOTE: Notarization is not required for Change of Address.
- 6. Change of Name Complete Sections A and E. Check here to indicate reason for change of name: 

  Marriage Divorce

#### **Placard Type Eligibility Requirements** Qualifying Vehicles "Reason Codes" Person with Passenger car; or, Applicant: Disability (2) one other vehicle with a registered gross (1) is blind. Placard vehicle weight of not more than 9,000

- (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.

- pounds.
- (3) A vehicle (as described in 1 or 2) that is operated exclusively for the use and benefit of the person with disability.

NOTE: Organizations that transport persons with disabilities must supply the Department with the following:

- a) a notarized statement of how the placard will be used;
- b) the weekly or monthly number of hours that this service is provided; and.
- 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 or other vehicle with a registered gross weight of not more than 9,000 pounds.
- d) the number of placards required: (Organizations may not be issued more than eight placards in the organization's name.)

(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.

Benefits

(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

- (1) 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 disability only:
- The placard will not allow vehicles to park where parking is prohibited.

Send completed application to:

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