

**PERSON WITH DISABILITY
 PARKING PLACARD APPLICATION**
(One Placard Per Qualified Person)

FOR BUREAU USE ONLY

CHECK (✓) APPROPRIATE BLOCKS BELOW – See reverse side for eligibility requirements.

ORIGINAL REQUEST

- Person with Disability Placard – Complete Sections A, B OR C (NOT BOTH) and E.
- Severely Disabled Veteran Placard – Complete Sections A, D and E.
- Temporary Placard – Complete Sections A, B and E.

REPLACEMENT – If the original placard number is known, complete Sections A and E, and provide placard number here: _____
 If placard number is unknown, check (✓) here .

CHANGE OF ADDRESS – Complete only Sections A, E and provide placard number here: _____

WARNING: MISSTATEMENT OF FACT IS A MISDEMEANOR OF THE THIRD DEGREE PUNISHABLE BY A FINE UP TO \$2,500 AND/OR IMPRISONMENT UP TO 1 YEAR (18 PA. C.S. SECTION 4904 (b)).

A APPLICANT INFORMATION – LIST NAME AND ADDRESS OF PERSON WITH DISABILITY

Last Name	First	Middle	Telephone Number ()	
Street Address		City	State	Zip Code

B CERTIFICATION FROM A PHYSICIAN LICENSED IN PA OR A CONTIGUOUS STATE (NEW YORK, NEW JERSEY, DELAWARE, MARYLAND, WEST VIRGINIA OR OHIO). THIS SECTION MUST BE COMPLETED IN FULL.

This is to certify that the person with disability listed above is under my care and has the following condition listed on the reverse side of this form under "Eligibility Requirements": _____ (NOTE: Only those conditions listed on the reverse side of this form qualify an applicant for a person with disability placard.)
List reason code # here

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

NOTE: If reason code #9 is listed above, please indicate your relationship to the applicant and provide your name and address in the appropriate spaces below: (Definition of Person in Loco Parentis is on reverse side of form.)

Relationship to Applicant	Name of Person in Loco Parentis			
Street Address	City	State	Zip Code	

Physician's Name	Physician's Signature	Medical License No.		
Office Street Address	City	State	Zip Code	Telephone Number ()

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.

This is to certify that the person with disability listed above has the condition listed below and is entitled to the use and privileges of the person with disability parking placard.

- 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 _____
(state device)

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

D CERTIFICATION FROM VETERANS ADMINISTRATION REGIONAL OFFICE ADMINISTRATOR OR HIS/HER DESIGNATED REPRESENTATIVE (Philadelphia or Pittsburgh) OR SERVICE UNIT IN WHICH THE VETERAN SERVED.

This is to certify that the veteran listed above with VA number _____ has service connected disabilities rated at 100% or has the following service connected disability listed on the reverse side of this form under "Eligibility Requirements": _____ NOTE: If reason code #4 is listed, please indicate the type of device used: _____
Type of Device List Reason Code # Here

Authorized Signature:	Title of Authorized Signer:
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E APPLICANT SIGNATURE – Person listed in Section A or Person in Loco Parentis listed in Section B must sign below.

I hereby make application for a parking placard and certify under penalty of law that ALL information contained herein is TRUE and CORRECT.

X _____
Applicant Signature Date

Messenger No.

INSTRUCTIONS

Placard Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with Disability Placard	<p style="text-align: center;"><u>"Reason Codes"</u></p> <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. 	<ol style="list-style-type: none"> (1) passenger car. (2) other vehicle with a registered gross weight of not more than 9,000 lbs. (3) vehicle (as described in 1 or 2) operated exclusively for the use and benefit of the person with disability. <p>NOTE: Organizations that transport persons with disabilities must supply the Bureau with the following:</p> <ol style="list-style-type: none"> 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. 	<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 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 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 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 disability only.
- The placard will not allow vehicles to park where parking is prohibited.

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