

## 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	Qualifying Vehicles	Benefits
<b>"Reason Codes"</b>			
Person with Disability Placard	<p>Applicant:</p> <p>(1) is blind.</p> <p>(2) does not have full use of an arm or both arms.</p> <p>(3) cannot walk 200 feet without stopping to rest.</p> <p>(4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.</p> <p>(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.</p> <p>(6) uses portable oxygen.</p> <p>(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.</p> <p>(8) is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.</p> <p>(9) is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above.</p> <p>(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).</p> <p>(11) is the spouse of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8).</p>	<p>(1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs.</p> <p>(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> <p><b>NOTE:</b> 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"> <li>a) A notarized statement of how the placard will be used and the type of services that will be provided.</li> <li>b) The weekly or monthly number of hours that the services are provided.</li> <li>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.</li> <li>d) The number of placards required: (Organizations may not be issued more than eight placards in the organization's name.)</li> </ol>	<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>

**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	<p>(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.</p> <p>(2) Same disabilities as listed above for Person with Disability Placard but must be service-connected.</p>	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](http://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: \_\_\_\_\_

<b>A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY - NOTE:</b> If listing an out-of-state address, you must also complete and attach Form MV-8.																			
Last Name (or Full Business Name)		First Name	Middle Name	PA DL/Photo ID# or Bus. ID#															
Street Address		City		State Zip Code															
Email Address																			
<p><b>NOTE:</b> 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. 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 sign on behalf of the child, adult child or spouse (applicant) provided the applicant meets eligibility requirements (1) through (8).</p> <table border="1"> <tr> <td>Name of Parent, Person in Loco Parentis or Spouse</td> <td>Relationship to Applicant</td> </tr> <tr> <td>Street Address</td> <td>City</td> </tr> <tr> <td></td> <td>State Zip Code</td> </tr> </table>					Name of Parent, Person in Loco Parentis or Spouse	Relationship to Applicant	Street Address	City		State Zip Code									
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<p><b>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. HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. WARNING: Altering or forging a document issued by the Department, such as a disabled person parking placard, 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.</b></p> <p>I hereby certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ (NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with disability placard.)</p> <p>NOTE: If reason code #1 is listed above, please indicate the individual's visual acuity by completing the chart to the right: If reason code #4 is listed above, please indicate the type of device used: _____</p> <p>Temporary placards are only issued for a period of time not to exceed six months. If the applicant requires additional time after the expiration of the placard issued, the applicant must be recertified by a health care provider.</p> <table border="1"> <tr> <td colspan="2">UNCORRECTED</td> </tr> <tr> <td>R 20/</td> <td>L 20/</td> </tr> <tr> <td>B 20/</td> <td></td> </tr> <tr> <td colspan="2">CORRECTED</td> </tr> <tr> <td>R 20/</td> <td>L 20/</td> </tr> <tr> <td>B 20/</td> <td></td> </tr> </table>					UNCORRECTED		R 20/	L 20/	B 20/		CORRECTED		R 20/	L 20/	B 20/				
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R 20/	L 20/																		
B 20/																			
CORRECTED																			
R 20/	L 20/																		
B 20/																			
Health Care Provider's Printed Name		Health Care Provider's Signature		Medical License No.															
Office Street Address		City	State	Zip Code															
<p><b>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.</b> <b>NOTE: If Section B above is completed, please skip this Section and go on to Section E.</b></p> <p>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 disability parking placard. <input type="checkbox"/> is blind, <input type="checkbox"/> OR does not have full use of a leg or both legs as evidenced by the use of a: <input type="checkbox"/> wheelchair <input type="checkbox"/> walker <input type="checkbox"/> crutches <input type="checkbox"/> cane/quad cane <input type="checkbox"/> other prescribed device _____</p> <table border="1"> <tr> <td>Officer's Printed Name</td> <td>Officer's Signature</td> <td>Badge Number</td> </tr> <tr> <td>Office Street Address</td> <td>City</td> <td>State Zip Code</td> <td>Telephone Number ( )</td> </tr> </table>					Officer's Printed Name	Officer's Signature	Badge Number	Office Street Address	City	State Zip Code	Telephone Number ( )								
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<p><b>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.</b></p> <p><input type="checkbox"/> This is to certify that the veteran listed above with VA number _____, has a 100% service-connected disability or has the following service connected disability reason code number _____, listed on the reverse side of this application under "Eligibility Requirements." NOTE: If reason code #4 is listed, please indicate the type of device used: _____</p> <p>Authorized Printed Name and Title: _____ Authorized Signature: _____</p> <p><input type="checkbox"/> In lieu of the U.S. Department of Veterans Affairs Regional Office Administrator certification, I have attached a legible photocopy of my Letter of Promulgation or Awards Letter that indicates I have a 100% service-connected disability.</p>																			
<p><b>E NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.</b></p> <table border="1"> <tr> <td colspan="2">SUBSCRIBED AND SWORN TO BEFORE ME:</td> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td colspan="5">SIGNATURE OF PERSON ADMINISTERING OATH</td> </tr> <tr> <td>S T A M P</td> <td colspan="2">SIGN IN PRESENCE OF NOTARY</td> <td colspan="2"> <p>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.</p> <p>_____ Applicant Signature _____ Date _____ _____ Telephone Number _____</p> </td> </tr> </table>					SUBSCRIBED AND SWORN TO BEFORE ME:		MONTH	DAY	YEAR	SIGNATURE OF PERSON ADMINISTERING OATH					S T A M P	SIGN IN PRESENCE OF NOTARY		<p>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.</p> <p>_____ Applicant Signature _____ Date _____ _____ Telephone Number _____</p>	
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**THIS APPLICATION MAY BE DUPLICATED**