

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 • 1101 South Front Street • Harrisburg, PA 17104-2516

_	CHECK (✓) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements.									
	Person with a Disability Plate (K9) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. FEE: \$11									
	Person with a Disability Motorcycle Plate (BK) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. Fee: \$11									
_	Hearing Impaired Plate (S4) - Complete Sections A, B, C, E (if applicable), and F. FEE: \$11 (NOTE: No Special Parking Privileges)									
	Two Plates (with identical plate numbers) for vehicles equipped with a Wheelchair/Personal Assistive Device Carrier. (See reverse for instructions)									
For two Person with a Disability Plates (IV) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. FEE: \$11										
ΑV	ehicle Information (NOTE: In conjunc	tion with replacem	nent of your plate,	you will receive one re	egistration card. If a	dditional regi	stration cards are			
	esired, the fee is \$2 for each card. Num									
Tit	itle Number	Vehicle Identification	Number		Registration Plate N	Number				
ВА	applicant Information (List all information)	tion as shown o	n current registre	ation card \						
-		PA DL/Photo ID#	Date of Birth		t or the adult charged by	low with the note	ral parent's rights, duties and			
10	wner Name (or Full Business Name)	or Bus. ID#	Date of Birth	responsibilities acting on b	ehalf of a minor child (un	der 18) in place	of the child's natural parents			
				(person in loco-parentis), yo	·	mation below.				
C	o-Owner Name	PA DL/Photo ID#	Date of Birth	Name of Parent or Perso	n in Loco Parentis	Relationship	to Applicant Applicant Age			
St	treet Address City		State Zip Code	Street Address	City	,	State Zip Code			
	Sertification From a Health Care Provid	er Licensed or Ce	ertified in PA or a C	Contiguous State (Nev	York New Jersey	Delaware M	aryland West Virginia			
	r Ohio). THIS SECTION MUST BE COI					_ 5.4.74.0, 111	, , t ii giilla			
+										
	This is to certify that		(Name of F	Person with Disability	is under my care	and has a he	aring impairment, or			
ŀ	has the following condition listed on the	reverse side of the	nis application und	er "Eligibility Requiren	nents":	(List Rea	son Code #).			
Ι.										
	NOTE: If reason code #4 is listed abov					······································				
'	NOTE: Only those conditions listed on	the reverse side o	f this application q	ualify an applicant for	a person with a dis	ability plate.				
He	ealth Care Provider's Name		Health Care Provide	r's Signature		Medica	Il License No.			
Of	ffice Street Address		City	St	ate Zip Code	Teleph	one Number			
						()			
	Certification by Police Officer - A pol			e applicant does not	have full use of a	leg or both	legs, or is blind.			
L_1	NOTE: If Section C above is completed, please skip this Section.									
Т Т	This is to certify that the person listed above with a disability has the condition checked below and is entitled to the use and privileges of the registration									
р	plate requested, is blind, OR does	not have full use	of a leg or both leg	s as evident by the us	se of a:					
	wheelchair walker	crutches	ane/	quad cane	other prescribed of	levice	(state device)			
o	fficer's Name		Officer's Signa	ture		Badge	Number			
D	epartment/Station		City	St	ate Zip Code	Teleph	one Number			
)			
ΕO	PTIONAL PERSONALIZATION REQU	JEST - (NOTE: Ac	Iditional Fee Requ	ired. For appropriate f	ees see reverse sid	e.)				
	he number of allotted letters or number	<u> </u>					reverse side of this			
	pplication for additional instructions reg				permitted as one	of the availa	able spaces for			
P	personalization. No other special characters are available. Please print clearly.									
	FIRST CHOICE		SECOND	CHOICE		THIRD CHOIC				
FI	Notarization And Applicant Signature	- Annlicant nat	ural parent or oth	er authorized person	listed in Section	R must sign	helow			
-	rrotanization / tira / tppiloant orginatar	7 Applicant, nat	arai paroni oi oii	-						
I St	UBSCRIBED AND SWORN		SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR 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							
	UBSCRIBED AND SWORN O BEFORE ME: MONTH	DAY	YEAR			ue and correct				
		DAY	YEAR	affirm that the stateme made on or pursuant	nts made herein are tr to this application is	subject to the	, and that any statement penalties of 18 Pa.C.S.			
			YEAR	affirm that the stateme made on or pursuant Section 4903(a)(2) (rel	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall	, and that any statement			
	O BEFORE ME: MONTH		YEAR	affirm that the stateme made on or pursuant Section 4903(a)(2) (rel	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall	, and that any statement penalties of 18 Pa.C.S. include punishment of a			
3	SIGNATURE OF PERSON A		YEAR	affirm that the stateme made on or pursuant Section 4903(a)(2) (rel fine not exceeding \$5,0	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall	, and that any statement penalties of 18 Pa.C.S. include punishment of a			
S	SIGNATURE OF PERSON A	DMINISTERING OATH		affirm that the stateme made on or pursuant Section 4903(a)(2) (rel fine not exceeding \$5,0 or both.	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall prisonment of	, and that any statement penalties of 18 Pa.C.S. include punishment of a not more than two years,			
S	SIGN IN PRESENT	DMINISTERING OATH		affirm that the stateme made on or pursuant Section 4903(a)(2) (rel fine not exceeding \$5,0	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall	, and that any statement penalties of 18 Pa.C.S. include punishment of a			
S	SIGN IN PRESENT	DMINISTERING OATH		affirm that the stateme made on or pursuant Section 4903(a)(2) (rel fine not exceeding \$5,0 or both.	nts made herein are tr to this application is ating to false swearing	subject to the g), which shall prisonment of	, and that any statement penalties of 18 Pa.C.S. include punishment of a not more than two years,			

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits	
Person with a Disability Plate	Applicant: (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.	(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.	
Definition of Person in L	Loco Parentis - ANY ADULT charged by law with the r minor child (under 18) in place of the or		on benair of a	
Hearing Inpaired Plate	Any person with a hearing impairment verified by a licensed health care provider.	No restrictions.	No special benefits.	
Person with a Disability Motorcycle Plate	Same disabilities as listed for Person with a Disability Plate.	Motorcycle Only.	Same as above for Person with a Disability Plate.	

- A Health Care Provider is defined as a physician, chiropractor, podiatrist, physician's 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 that qualifies for the type of plate indicated on the front of this application unless the
 vehicle owner is a person in loco parentis 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 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 annual registration fee and the \$11 replacement registration plate fee (if applicable).
- Two registration plates (with identical 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 plates are issued.
- · Send completed application to: Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516.

IF PERSONALIZING YOUR REGISTRATION PLATE

- · Personalized registration plates may contain:
 - Person with a Disability registration plates up to FIVE letters or numbers in combination. An additional \$50 fee is required. NOTE: Pre-printed, stacked letter configurations will appear on your personalized registration plate.
 - Person with a Disability Motorcycle registration plates up to THREE letters or numbers in combination. An additional \$50 fee is required. NOTE: Pre-printed, stacked letter configurations will appear on your personalized registration plate.
 - Hearing Impaired registration plates up to FIVE letters or numbers in combination. An additional \$100 fee is required. NOTE: Pre-printed, stacked letter configuration will appear on your personalized registration plate.
 - For two **Person with a Disability wheelchair/personal assistive device carrier** registration plates, up to **FIVE** letters or numbers in combination. **An additional \$50 fee is required. NOTE:** Pre-printed, stacked letter configurations will appear on your personalized registration plate.
- 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. **NOTE:** No additional special characters are available.
- When requesting a numeric character of zero, please list as "Ø" instead of the alpha character of "O".
- PennDOT reserves the right to limit or reject certain requests.
- The fee to personalize your Person with a Disability registration plates is an additional \$50. The fee to personalize your Hearing Impaired registration plate is \$100. 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.state.pa.us, and select the Personalized Registration Plate Availability link from the list of services under the Online Driver and Vehicle 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 when an applicant cancels a
 request after the order is placed with the manufacturer.
- Allow eight to 10 weeks for delivery.

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380