MV-145V (8-08)

Commonwealth of Pennsylvania Department of Transportation Bureau of Motor Vehicles 1101 South Front Street Harrisburg, PA 17104-2516

APPLICATION FOR DISABLED VETERAN, SEVERELY DISABLED VETERAN REGISTRATION PLATE OR SEVERELY DISABLED VETERAN MOTORCYCLE PLATE DECAL

FOR DEPARTMENT USE ONLY

Disabled Veteran Plate (NOTE: No Special Parking Privileges). FEE: \$7.50. Severely Disabled Veteran Plate. FEE: \$7.50. Severely Disabled Veteran Motorcycle Plate Decal. NO FEE REQUIRED. A VEHICLE OWNER INFORMATION (List all information as shown on current registration card) Title Number			(✓)APPROPRIAT ments.	E BLOCKS BELOW	and comple	te Sections A, B,	and C See	revers	se side fo	r eligibility	
Severely Disabled Veteran Motorcycle Plate Decal. NO FEE REQUIRED. VEHICLE OWNER INFORMATION (List all information as shown on current registration card) Title Number		Dis	sabled Veteran Plate (N	IOTE: No Special Parki	ng Privileges). FEE: \$7.50.					
A VEHICLE OWNER INFORMATION (List all information as shown on current registration card) Title Number		Se	verely Disabled Veterar	n Plate. FEE: \$7.50.							
Title Number] Se	verely Disabled Veterar	n Motorcycle Plate Deca	I. NO FEE R	EQUIRED.					
Last Name First Name Middle Name PA DL/Photo ID# Date of Birth Cc-Owner Last Name First Name Nicide Name PA DL/Photo ID# Date of Birth Date	Α	VEI	HICLE OWNER INFO	ORMATION (List all in	nformation a	as shown on cur	rent registrati	on car	·d)		
Street Address City State Zip Code		Title N				Current Tag No.				Telephone Number	
Street Address City State Zip Code											
B 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 veteran,, listed above with VA number has service connected disabilities rated at, or has the following service connected disability 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: Authorized Signature: Title of Authorized Signer: C NOTARIZATION AND APPLICANT SIGNATURE - Applicant listed in Section A must sign below. 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 9(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. A DO NOT NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A DO NOT NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A Applicant Signature Transfer on the Number Telephone Number		Last N	lame	First Name		Middle Name	PA DL/Photo ID#			Date of Birth	
B 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 veteran,, listed above with VA number, has service connected disabilities rated at, or has the following service connected disability 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:, authorized Signature: Title of Authorized Signer: C NOTARIZATION AND APPLICANT SIGNATURE - Applicant listed in Section A must sign below. 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 9(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. DO NOT NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A DO NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A DO NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A DO NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY A DO NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY		Co-Ow	vner Last Name	First Name		Middle Name	PA DL/Photo ID#			Date of Birth	
DESIGNATED REPRESENTATIVE (Philadelphia or Pittsburgh) OR SERVICE UNIT IN WHICH THE VETERAN SERVED. This is to certify that veteran,		Street	Address		City			State	Zip Code		
Authorized Signature: Title of Authorized Signer: To Subscribed And Sworn To Before Me Mo. Day Year To Signature of Person Administrating Oath A M DO NOT NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY P Applicant Signature Title of Authorized Signer: 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 9(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. Applicant Signature Title of Authorized Signer: 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 9(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. Applicant Signature	В	DE SE	ESIGNATED REPRE ERVED. is to certify that veteran, _	SENTATIVE (Philade	ittsburgh) OR S	above with VA number has service					
C NOTARIZATION AND APPLICANT SIGNATURE - Applicant listed in Section A must sign below. SUBSCRIBED AND SWORN TO BEFORE ME MO. 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 I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swear or affirm that the statements made herein are true and correct, and I swea											
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M PRESENCE OF NOTARY Applicant Signature () Telephone Number		T	TO BEFORE ME MO. DAY YEAR T SIGNATURE OF PERSON ADMINISTERING OATH A DO NOT NOTARIZE UNLESS SIGNED IN			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 9(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term					
Messenger No.		M				Applicant Signature			() elephone Number	
		Р				Messenger	No.				

THIS APPLICATION MAY BE DUPLICATED



ELIGIBILITY REQUIREMENTS AND GENERAL INFORMATION

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits	
Severely Disabled Veteran Plate, Severely Disabled Veteran Motorcycle Plate Decal	#Reason Codes" 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.	Qualifying Vehicles (1) A passenger vehicle or truck with a registered gross weight of not more than 10,000 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: Severely Disabled Veteran Motorcycle Plate Decal is for a motorcycle only.	(1) Parking permitted in spaces designed 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 severely disabled veteran, local authorities may erect on the highway as close as possible to the person's residence a sign(s) indicating that the place	
	 (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. 		is reserved for the person with disability, that no one else may park there unless a person with disability, severely disabled veteran plate or motorcycle plate decal is displayed and that any unauthorized person parking there will be subject to a fine.	
	NOTE: In order to qualify for the free yearly registration, the applicant must have a 100% service- connected disability certified by the U.S. Veteran's Administration or service unit in which the veteran served.			
Disabled Veteran Plate	Any service-connected disability certified by U.S. Veteran's Administration, or the service unit of the armed forces in which the veteran served; or,	Same as above.	No special benefits.	
	2) same disabilities as listed for Severely Disabled Veteran			

- Individuals should list their PA Driver's License (PA DL) or Photo ID# in the space provided.
- This application may only be used by a vehicle owner or co-owner that qualifies for the type of plate or decal indicated on the front of this application.
- Only one plate or motorcycle decal per qualified person. **NOTE:** The decal may only be used on a currently registered motorcycle registration plate.
- Disabled Veteran and Severely Disabled Veteran plates may not be personalized.
- Should you desire to renew your registration in conjunction with this application, you must complete Form MV-140 or your registration renewal application and return it with this application along with your annual registration fee and the \$7.50 replacement registration plate fee (if applicable).

Send completed application to:PA Department of Transportation Bureau of Motor Vehicles 1101 S. Front Street Harrisburg, PA 17104-2516