



APPLICATION FOR PERSON WITH A DISABILITY OR HEARING IMPAIRED REGISTRATION PLATE OR A PERSON WITH A DISABILITY MOTORCYCLE PLATE

Plates: \$7.50

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. Complete Section A and B, Section C or D (NOT BOTH) and Section E. **FEE: \$7.50**
- Person with a Disability Motorcycle Plate - Complete Section A and B, Section C or D (NOT BOTH) and Section E. **Fee: \$7.50**
- Hearing Impaired Plate (NOTE: No Special Parking Privileges). Complete Sections A, B, C and E. **FEE: \$7.50**

A Vehicle Information		
Title Number	Vehicle Identification Number	Current Tag No.
<p>NOTE: In conjunction with replacement of your plate, you will receive one registration card. If additional registration cards are desired, the fee is \$1.50 for each card. Number of Duplicate Registration Cards Requested @ \$1.50 each _____</p>		

B Applicant Information - (List all information as shown on current registration card)				
Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth
Co-Owner Last Name	First Name	Middle Name	PA DL/Photo ID#	Date of Birth
Street Address	City		State	Zip Code
<p>NOTE: If you are the parent or the 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.</p>				
Name of Parent or Person in Loco Parentis		Relationship to Applicant		Age of Applicant Listed in Section C
Street Address	City		State	Zip Code

C 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. - WARNING: Altering or forging a document issued by the Department, such as a Person with Disability, Hearing Impaired Registration Plate or Motorcycle Plate Decal, 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.				
This is to certify that _____ is under my care and (check the appropriate block):				
Name of Person with Disability				
<input type="checkbox"/> has a hearing impairment or, <input type="checkbox"/> has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ List Reason Code # Here				
<p>NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with a disability plate. NOTE: If reason code #4 is listed above, please indicate the type of device used: _____ (Type of Device)</p>				
Health Care Provider's Name		Health Care Provider's Signature		Medical License No.
Office Street Address	City	State	Zip Code	Telephone Number ()

D 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 C above is completed, please skip this Section and go on to Section E.				
This is to certify that _____ has the condition checked below and is entitled to the use and privileges of the registration plate requested:				
<input type="checkbox"/> blind, OR does not have full use of a leg or both legs as evident 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 _____ (state device)				
Officer's Name		Officer's Signature		Badge Number
Department/Station	City	State	Zip Code	Telephone Number ()

E Notarization And Applicant Signature - Applicant, natural parent or other authorized person listed in Section B must sign below.					
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 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 of imprisonment of not more than two years, or both.		
SIGNATURE OF PERSON ADMINISTERING OATH					
S T A M P	SIGN IN PRESENCE OF NOTARY		_____ Applicant Signature	_____ Date	() _____ Telephone Number
Messenger No. _____					

Eligibility Requirements and General Information

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with a Disability Plate	<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. 	<p>(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.</p> <p>NOTE: 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"> 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. <p>NOTE: The vehicle(s) must be titled in the name of the organization.</p>	<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.

Hearing Impaired 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 passenger vehicle or truck with a registered gross weight of not more than 10,000 pounds.
- Person with a Disability and Hearing Impaired 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

Visit us at www.dmv.state.pa.us or call us at:

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