

MV-145 (2-08)

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

**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

CHECK (✓) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements.

Person with a Disability Plate. Complete Section A, Section B or C (NOT BOTH) and Section D. **FEE: \$7.50**

Person with a Disability Motorcycle Plate - Complete Section A, Section B or C (NOT BOTH) and Section D. **Fee: \$7.50**

Hearing Impaired Plate (NOTE: No Special Parking Privileges). Complete Sections A, B and D. **FEE: \$7.50**

A VEHICLE OWNER INFORMATION (List all information as shown on current registration card)

Title Number	Vehicle Identification Number	Current Tag No.		
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	

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.

Name of Parent or Person in Loco Parentis	Relationship to Applicant	Age of Applicant Listed in Section B
Street Address	City	State Zip Code

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. - 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

has a hearing impairment or, has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____
List Reason Code # here

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

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

C CERTIFICATION BY A 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 D.

This is to certify that _____ has the condition listed below and is entitled to the use and privileges of the registration plate listed above is: blind, OR does not have full use of a leg or both legs as evident 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 NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A, must sign below.

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

 SIGNATURE OF PERSON ADMINISTERING OATH

**S
T
A
M
P**
SIGN IN PRESENCE OF NOTARY

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.

Applicant Signature Date () Telephone Number

Messenger No.